Ingleby Lectures
ON
SOME FUNCTIONAL DISORDERS OF FEMALES.

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THE late Dr. Ingleby was highly reputed in this town and district as a practitioner of the obstetric art. He was further known to the wider circle of professional students as a lucid and successful author. His representatives in 1876 resolved to devote a considerable sum of money to objects which might be serviceable to the poor whom he had so well served, and useful to the profession of which he had been so distinguished a member. Amongst these objects was the endowment of a lectureship for the delivery, annually, of lectures upon some subject connected with that branch of our art which he had loved and adorned. By the favour of the Council of the Queen's College, in whose hands the appointment is vested, I have the high honour of appearing before you to day as the Ingleby Lecturer for the year 1885.

LECTURE I.

The most unequivocal differences between the two sexes are unquestionably anatomical ones—the possession by each of organs of which the other is devoid. These organs are those which are directly concerned in the process of reproduction. This fact suggests that we have here the central point of the human race, that round which all revolves, from which all radiates. But, when we reflect, we perceive that in this fundamental respect we resemble not only all the animal but also the vegetable world.

It is not, then, so much the centre which differentiates us from the rest of the organic world—the same *leitmotif* governs the conjugation of the humble algæ and the gorgeous ceremonies of imperial nuptials. That *motif* is the impregnation of the passive by the active particle in obedience to the imperious obligation of Nature,—

> "So careful of the type she seems,
> So careless of the single life."

True, the radiations, the surroundings, the accidental accessories as distinguished from the essential elements, do place between us and the highest other grades an immense, and between us and the lowest an immeasurable, gulf.

But throughout the whole web of organic Nature one thread is never broken. Upon a common fabric the artificer may broider rude patterns in coarse materials or elaborate and complex designs in fine silk and gold thread strung with pearls and studded with precious stones. The canvas back is the law of reproduction; the rude design and sordid worsted are the conditions under which in the lower worlds this law is operative; the costly and artistic surface represents the grades of civilisation, up to the highest yet reached, which cluster round the same law in the human race. The splendid and fatal Queen of Egypt was fain to confess herself—

> "No more, but e'en a woman; and commanded
> By such poor passion as the maid that milks,
> And does the meanest chares."

Without a just appreciation, much less common than it ought to be—without a minute analysis of the subtle phases of thought and feeling, whose effects pervade the whole female organism, it is impossible to comprehend many of the cases we ordinarily meet with. Still more is it impossible to advise with wisdom in the rarer but still not infrequent cases, where upon our judgment and discretion hang, perhaps, the lasting happiness or misery of two lives. Only an inane prudery, then, can refuse to enter into a free examination of the relations of this law to "those delicate vessels in which are borne onward through the ages the treasures of human affection."

The reproductive cycle can, and indeed for the purpose of study must, be divided into stages. The time at our disposal would not suffice for even a superficial glance at each of these. I purpose, therefore, to confine myself to one, the first or preliminary stage, meaning thereby the transition of the girl into the nubile woman, and the nubile condition up to the time of marriage, which is the conclusion of the first stage. It must be borne in mind that classification is beset by difficulties from which there is no escape. Nature may be said to delight in curves; classification, on the contrary, rejoices in straight lines. "How can two walk together except they be agreed?" Nature refuses to agree to delimitation of territory, or to submit to a scientific frontier. It is as impossible to square the circle of Nature as it is that of the geometer. We shall therefore find that much which we have to consider does not exclusively appertain to this "preliminary stage." Though the circumstances and conditions of the ante-nuptial period conduce in an eminent degree to the development of certain disorders, yet these are seated deep down in woman's nature and constitution, and therefore the tendency to them is never eradicated.

The mother, within certain limits, the most subtle of observers, the nurse, informed with maternal instinct, will often point out psychical differences between the male and the female infant; it may be that such are perceptible even to the duller vision of man.

In childhood, the yearning of the girl for her doll, and of the boy for ruder diversion, presage still more clearly the subsequent divergence of the paths of each. The submission of the girl to the brother's will, her admiration and respect for his greater physical power, her general acknowledgment of his superiority, are not the outcome of an artificial state of society, but the mark of the differences of organisation which Nature has conferred, in order that each may hereafter be in accord with her reproductive laws.

With the advent of puberty, the psychical differences previously foreshadowed become clear and distinct, and there are also added physical differences, which it is unnecessary to specify. The establishment of puberty in the female is, as we know, often not unattended with derangements of the physiological equilibrium. Mothers too often are uneasy at what they consider undue retardation of the special feature of puberty, and this is a matter upon which, as you know, our advice is often sought. These cases may be usefully divided into four categories—namely: (1) Well-developed, strong, healthy girls; (2) girls in other respects healthy and strong, but of backward development; (3) well-developed but more or less unhealthy girls; (4) ill-developed and more or less unhealthy girls.

Before referring more in detail to these cases, let me offer a few words on the menstrual function generally.

We know that much has been written on the differences between the catamenial secretion and blood. That the distinctions made are just from a chemical point of view I am willing to admit. But I none the less firmly maintain that, from a clinical point of view, this discharge is a veritable hæmorrhage, and that this is a cardinal fact which can never with safety be overlooked in practice. That there are cases of menorrhagia which, no one would dispute, are to be regarded as hæmorrhages I assume. And who, I would ask, is prepared to fix the boundary which separates these from ordinary, or even from what are reckoned as insufficient, catamenia? What, then, are the systemic effects of loss of blood? These depend upon the quantity lost, the frequency of repetition, the state of the individual at the time, and no doubt to some, possibly to a large, extent upon idiosyncrasy. The effect of repeated losses depends, further, on the activity of the blood-making organs, and their power to restore the hæmatic equilibrium. It is consistent with our knowledge of these effects, as derived from examples both of spontaneous and artificial hæmorrhages, that the loss of a few ounces of blood should be a matter of indifference to a healthy person whose blood-producing apparatus was normally active. It is therefore quite comprehensible that an average catamenial evacuation, reckoned at about 5 oz., should not produce any very sensible effect on healthy women. On the other hand, in persons already the subjects of anæmia, whether that be due to spontaneous hæmorrhage, to artificial hæmorrhage, or to some more recondite cause, the effect of further loss of blood, in quantity even less than that of an average menstruation, is often to produce very distinct effects. Without going into details, it may be said that the new hæmorrhage removes the symptoms which had resulted from previous hæmorrhages. This may happen time after time, but with a difference. The difference being, that each time the period of relief is of shorter duration; that is, the symptoms return sooner, and probably with an increased intensity. Ultimately, a time comes when the hæmorrhage

ceases to be followed by any relief, or if by any, it is so slight and so transient as to be difficult of discernment.

Now I affirm, after very numerous inquiries extending over many years, that the effect upon an anæmic girl of an ordinary catamenial loss is strictly analogous to other hæmorrhages upon similar subjects. There are two standards by which the amount of loss may be adjudged to be normal or abnormal. One is by comparing it with the average loss of women. The other, and the more important, is by comparing it with the usual loss of the individual herself. But I go further, and say that an evacuation subnormal in amount, by whichever standard it is measured, is capable, under certain circumstances of not rare occurrence, of producing similar effects. This is the case even when, in addition to being subnormal in amount, the loss is subnormal in colour. The accuracy of these observations may readily be tested by each one of you for himself. But the critic must be familiar with the effects of repeated loss of blood, even in small quantities. He must further be prepared to make a minute and exact inquiry into the clinical history of his patient. And, lastly, he must enter into the investigation with an unbiased mind, not prepossessed with the idea that because the periods are apparently normal, or even deficient in quantity or colour, it is impossible for them to produce the effects of a hæmorrhage.

But it may be said, granting the accuracy of my observations, do they prove that the anæmia of girls is due to the repeated loss of blood by the catamenia? To this I would answer, in the first place, medical authorities are not agreed to offer us any other, or rather they are agreed to offer us none, and to say that none is known. In the second place, I would ask you this question: If you met with a case of anæmia, in which there was habitual loss of blood by hæmorrhoids, by epistaxis, by hæmorrhage from any other mucous membrane, would you refuse, because the loss was comparatively small, to admit that it was the cause of anæmia, and to base your treatment upon that view? To carry, not my argument, but my statement, a little further, I may add that cases are not unfrequent in which the first period produces anæmia. And on this point let me mention a very frequent source of fallacy. A mother, when she brings her child to us under these circumstances, very often says that she does so because she has never been regular. Whereas, in a considerable number of instances minute inquiry will elicit the fact that there has been one, possibly that there have been two or three periods, and what the mother means is that menstruation has not been "regularly established." Older females will often lead us astray by stating that they have not been regular for so many months, meaning not that no period has occurred, but that it has been deficient in some respect; indeed, sometimes they will make the same statement when the loss has been, in their own opinion, excessive. Again, we meet with females of all ages who, disliking to be interrogated upon this subject, or upon the state of the bowels, or (perhaps even more frequently) upon the state of the urine, will deliberately try to put a stop to our inquiries by telling us point blank that in these respects there is nothing whatever the matter with them. These and such-like misstatements, prompted no doubt by a sense of delicacy, may, by misleading us, be most injurious to themselves. To revert to the subject of anæmia: that term, and not chlorosis, has been used advisedly. That all cases of anæmia in young women are not to be correctly styled chlorosis may be admitted. But does it necessarily follow that they differ in kind? It is held by some authorities that they do; and we are by some told that chlorosis is a neurotic disease. That is a term which in this connexion does not convey to my mind any distinct meaning. To those who use it, it conveys only, so far as I can make out, the idea that the disorder depends primarily upon some as yet undiscovered aberration of a nervous centre at present unknown. Undoubtedly attenuation of the blood may arise from other causes than direct loss of it. Amongst these may probably be included mental depression.

As a matter of fact, disturbances of the physiological constituents of the blood-mass do in different persons produce different effects. If the general influences of the blood on the tissues are impaired or interfered with, some tissues or parts will suffer more than others. One general characteristic of neurotic persons is instability of some nerve centre. This instability is reputed, and with justice, to be aggravated by innutrition of the unstable centre, due either to local or to general causes. It is not, therefore, so very improbable that we have here the secret of the reputed dependence of chloranæmia upon nerve disorder. A formidable objection to this theory will at once occur to many minds: cases of chloranæmia with amenorrhœa, in which a return of the period is followed by an amendment in other respects, which previous treatment had failed to procure. I pass by the explanation that possibly the flow was the first expression of returning health. It must be kept in mind that the effects of loss of blood are of two classes: one, the depression of the system at the time; the other, the totally opposite condition of "hæmorrhagic reaction."

Probably in no case would the use of venesection be more unanimously reprobated, be regarded as more inconsonant with modern views, than in long-lingering subacute rheumatic fever. Many years ago a physician, than whom no one was more profoundly acquainted with symptomatology and with the therapeutics of the old school, no one a more acute observer—the late Dr. Eccles,—made to me an observation which seemed to me then, as it seems now, a most remarkable one. It was that in several such cases, which had thwarted his best advised efforts, recovery, speedy and complete, had followed venesection.

Another consideration is by no means unimportant. While a disastrous disappointment may be concealed, so, on the other hand, may be the renovating buddings of hope; hope based oftentimes on circumstances so commonplace, or attentions so trivial, as to escape the observation of the most sympathising and watchful relative; hope sedulously concealed from the most intimate and trusted friend; hope almost unconsciously entertained by the patient herself. We are thus often left in ignorance of that indisputably potent factor in the well-being of a girl—the "state of her heart."

It seems to me a truism, the formal statement of which almost requires an apology, that a repeated loss of blood must produce anæmia unless the system is able in the interval to replace that which has been abstracted. Protracted clinical observation has made it appear to me just as true that, as a matter of fact, the system is in innumerable instances unable to effect this replacement; that, indeed, it is not unfrequently unable for a time to replace that which is lost by a first, even if small, menstruation.

The following quotation from one of the greatest clinicists of this century commands at least respectful consideration. "I may add," says Niemeyer, "that, according to my observation, obstinate chlorosis attacks all young girls without exception in whom the menses have appeared in the twelfth or thirteenth year, and before the development of the breasts and pubes"; that is to say, before the blood-forming apparatus is sufficiently active to do more than replace blood consumed in ordinary wear and tear.

It will be here convenient to remark that probably race and climate, and also no doubt other conditions, have something to do with the development of anæmia and the phases of chlorosis. During the first six or seven years of my medical life I was familiar with the practice of the Derby Infirmary. A notable feature there was the number and severity of these cases. Nor did this circumstance seem to be entirely due to the fact that the patients were many of them employed in the large hot rooms of silk-mills. When I came to Birmingham as house-physician to the General Hospital, I was struck by the comparative infrequency of severe cases; and although no doubt a good many minor cases applied for relief, these did not seem to me at all proportionate to the difference in the population and in the number of patients.

It is interesting to observe that the opinion of American writers is very strongly in favour of the neurotic theory of chlorosis. Now, so far as I have had opportunity of forming an opinion, it is that among the inhabitants of the United States are to be found an eminent proportion of neurotic constitutions. There seems, at any rate, reason to think that here, as elsewhere, the justness of our ultimate conclusions is likely to be proportionate to the breadth of our survey. Indeed, it seems to me to be antecedently probable that the secondary or more remote effects should be different in those whom we call neurotic subjects to what they would be in persons whose nervous system is differently constituted.

It will be convenient here to offer a few remarks upon the meaning and objects of menstruation generally. A superficial glance at the respective phenomena discovers a resemblance, and so suggests a possible analogy, between the periods of the human and the *œstus* of lower mammalian females. It requires but little further consideration to recognise differences as marked as the resemblance. And upon

this latter evidence it has been concluded, in my judgment prematurely, that no analogy existed between these two physiological processes.

Evolution, though it may not prove to be the highest theory possible in the future, is one which has unravelled many of the mysteries of nature. And no inquiry of the kind now under our notice can claim to be exhaustive which has not called in this theory to its assistance. In the lower mammalia, intromission is not permitted during the inter-æstual periods, and therefore it is only during the *æstus* that impregnation is effected. There is not, so far as I know, any direct evidence to show whether, if permitted, it might be, or could not be, effective. In the human female these conditions are practically reversed. It is during the intercatamenial period that congress is permitted, and there is reason to believe that impregnation may occur at any date between two periods. Such an antagonism is certainly formidable. Its force is enhanced by a statement recently made in an article on the Theory of Menstruation, by Dr. Mary Putnam Jacobi, who says, "Neither can any such rhythmic alternation of sexual instinct be demonstrated in women as could lead to the inference that the menstrual crisis was an expression of this"—that is, of *æstus*.

This statement, in consequence probably of a pardonable euphemism, is somewhat obscure; but if it means what I take it to mean, I am obliged in the most unqualified manner to deny its accuracy. It seems to me to be generalised from insufficient data—that is, to be more or less a reasoning from the particular to the universal; or, if true in America, it would indicate that there is there a wider departure than in other countries from (what I am about to suggest is) the original type. It is a matter upon which, for obvious reasons, it is somewhat difficult to acquire numerous facts; but no doubt exists in my mind that it is far from exceptional to find that there is an extreme enhancement of concupiscence in the immediately pre-catamenial period. There is also, I believe, a general concensus of opinion that proximity to the period increases the likelihood of impregnation. I am satisfied that evidence is obtainable that in some instances ardour is at its maximum during the actual period, and suspect that cases occur in which it is almost, if not entirely, limited to that time. All this points to the probability that we are dealing with a typical example of evolution. That the period is a partially, though far from a completely effete, *æstus*.

This aberration from the original type is coincident with, and probably correlative to, other changes in the intersexual relations: the continuous affection of the woman for her husband, as contrasted with the intermittent, but when present irrepressible, attraction of the lower mammalian female to the male; the abiding love of the mother for her child, as contrasted with the ferocious defence of its young by the lower mother during the period of lactation, and the utter estrangement between them shortly after and for ever. This theory, speculation if you like to call it so, suggests why, in the interest of the perpetuation of the race, the æstual periods should recur at shorter intervals than in the lower animals, where the proclivity to congress, being purely instinctive, is more immediately imperative, and is not impeded or thwarted by the interference of higher psychical centres. Why the period should be of a twenty-eight day type, instead of any other number of days, is a mystery. The only other twenty-eight day type that we know is the moon's, and, secondarily, that of the tides. It is conceivable that the catamenial cycle may have originally coincided with the lunar phases, and the existing non-coincidence is another evolutional departure from the primitive type.

The ovulation theory has of late received a serious, perhaps fatal, blow from the fact that in a number of cases menstruation has continued after the removal of both ovaries. But we are not at present in a position to affix limits to the persistence of an acquired organic habit. It is, therefore, not quite certain that this continuance of the periods may not be an example of such persistence. I have my doubts whether the ovulation view is scientifically entitled to rank as a theory. The same remark applies to the salpingeal view. Even were it proved that the first overt act of menstruation is the grasping of the ovary by the tube, this would seem to me to be, not a theory, but a fact, though a fact of the very highest significance and importance. I should claim it as strong corroboration of the æstual hypothesis, that the first overt act, and, if it were so, *primum mobile* of the period, should be one so eminently conducive, if not essential, to impregnation.

Any complete theory must explain not only the mechanism of the period, but its recurrence. Now, in the case of all periodical manifestations the causes of which we have been able to fathom, we find the cause to be a continuous one. Day and night, the changes of the seasons, the ticking or striking of a clock, regularly recurring phenomena, are each due to a continuously acting force. The theory of Dr. Mary Jacobi has this claim to attention that it is based upon systemic changes continuing during the intermenstrual period. One of these—the progressive increase of urea—has not yet, perhaps, been unimpeachably established. Another—the progressive increase of arterial tension—is of great significance. In other recurrent hæmorrhages, notably in epistaxis, we find with great uniformity an antecedent state of high arterial tension. The old prognostic of hæmorrhage—slow pulse—is really an example of antecedent high arterial tension, followed by outpouring of blood. The immediate or, as it would formerly have been termed, proximate cause of the catamenial discharge she holds to be an enlargement of the peri-uterine plexuses, an enlargement in which the state of the arterioles must needs be a factor. This, commencing early in the menstrual interval, reaches its maximum at the following period. These views are to me extremely interesting. Clinical experience has for a long time pointed out to me the importance of using such drugs as the bromides and ergot systematically during the interval, when the object is to limit the amount of blood lost at the period. Such treatment appears to me of great advantage, inasmuch as in a large number of persons the amount lost is somewhat in excess of the reproductive capacity of the body. This theory, then, confirms the propriety of this therapeutic method by explaining its *modus operandi*.

We appear to have wandered somewhat far from the topic immediately before us. But, in the first place, it is impossible to consider the subject of first menstruation, adequately, without a consideration of the subject as a whole. In the second place, it is not conducive to sound therapeutics to draw a too stringent line of demarcation between commencing puberty and the disordered effects of its establishment, or those which may subsequently attend its continuance.

In well-developed, strong, healthy girls, we ought certainly to abide events without interference. In such we can only assume that the uterine system is less forward in its development than the system at large. Statistics show that fifteen years is the age at which, as compared with any other ages, a first menstruation is most common. But, on the other hand, there are a large number of persons in whom it is delayed for two or three years, and in not a few even later. With regard to girls who are healthy and strong, but of somewhat backward development, it is still more imperative not to interfere.

When we come to deal with the next class—that, namely, of well-developed but more or less unhealthy girls—there is room for more doubt. It is certainly a popular opinion, both within and without the profession, that there is no room for any doubt whatsoever. Menstruation, it is said, is a physiological process which ought to have come into operation, and it is our duty to establish it *vi et armis*. When there are repeated but ineffectual efforts, I think we are right in considering that nature is asking for assistance and should have it. Or, if the disorders distinctly indicate a disturbed balance of the circulation, I think we should interfere; still more, if this disturbed balance manifests itself by hæmorrhages. If the blood is to be lost, it is better, probably, that it should be lost in the natural manner. Some authorities of admitted repute refuse to recognise the existence of such a disorder as vicarious menstruation. It does not seem to me to make any exaggerated demand upon our credulity or imagination. If we admit an antecedent progressively increasing arterial tension before each period; if we admit the frequency of such an increased tension connected with other hæmorrhages; if we admit that the circulation in various parts of the body, and consequently the distribution of the blood, not only may be, but often is, affected by the menstrual *sinus*—then I think that it is not difficult to admit the possibility of vicarious menstruation.

No doubt it is not correct to assume that in every case where hæmorrhage from some other part and amenorrhœa coexist we have an example of this disease. For example, it is easy to understand that a girl may have an ordinary loss of blood from a gastric ulcer, and subsequent amenorrhœa in consequence of that loss not having been compensated.

That I would admit, but I should ask to have it admitted, on the other hand, that, in a girl with gastric ulcer, it might happen that the disturbance of the circulation, coincident with or due to a menstrual *nisus*, might determine a hæmatemesis, which otherwise would not have happened. Any careful attention to the prodromata of the period will show frequent instances of the cotemporaneous disturbance of the circulation in other parts.

Sir Charles Locock, not a mean authority, believed in the existence of menstrual epilepsy. It is now a matter of ancient history, but perhaps worth while recalling, that it was for such cases he recommended the use of bromide of potassium. The use of that drug was subsequently extended to other cases of epilepsy, and we all know with what splendid results. Since then its use has become widely spread to other cases, often wisely and seasonably, but, on the other hand, too often unwisely and unseasonably. The lungs often afford evidence of the effect of the *nisus* upon distant organs. I have seen cases of true menstrual asthma—that is, asthma coincident with the *nisus*—passing off with the establishment of the period, and absent in the interval. In persons suffering from a bronchitis, more or less chronic, interferences, if less conspicuous, are infinitely more common; just, indeed, as bronchitis is an infinitely more common disease than asthma. If a bronchitic patient in whom the expectoration is easy, copious, and thick, is exposed to a chill, and the expectoration immediately becomes scanty, viscid, and difficult, we readily accept the view that cold has been caught. We find no difficulty in associating the change of symptoms with a change in the circulation of the mucous membrane. What difficulty, then, is there in conceiving that the circulatory disturbance attending the *nisus* should disturb the already ill-balanced circulation of the bronchial mucous membrane in a superior degree to that of other parts whose circulation is well balanced? If the associated disorders are not very distinctly and directly connected with the state of the circulation, we should be more chary of direct interference; that is to say, more reluctant to attempt to precipitate the advent of the menses.

What applies to the treatment of such cases applies also to that of the irregularities of a later period, and the attendant anæmia or chloranæmia. It is, doubtless, of advantage that we should be able to take a wide and comprehensive view of any case; that we should plant our therapeutics upon a broad basis, and so avoid trying to adapt our remedies to every little turn and phase. We thus may hope to avoid a tinkering and feeble treatment; to avoid grasping at the shadow and missing the substance. But it is of equal importance that we should retain the power, and on occasion exercise it, of disintegrating a case into its compound parts. For it happens from time to time that what seems only a part may yet be greater than the whole. It is especially necessary to bear this in mind in the case of any disorder for which we have a reputed specific. In the anæmia of girls both theory and experience combine to show that we have something approaching to a specific in the preparations of iron; but they do not always succeed. It is very likely that these failures may appear to a consultant to be more numerous than they do to others. A considerable proportion of the cases which come under their notice are what we may call therapeutical misfits—cases in which the diagnosis of the disease as a whole has been correct, and the treatment in full accordance with established rules. In such cases it is that we ought to cease to regard the disease as a whole and look at the details of its compound parts. Two recent examples occur to me. In one, the patient had failed to respond to a routine treatment skilfully adjusted. On analysis of the symptoms, the most striking special feature was the rapidity of the heart's action and the deficiency of arterial tension. Treatment, mainly by belladonna, regulated these, and general relief was procured. In another case, which indeed has been before me since the lecture was commenced, a well-marked chlorosis had not only not yielded to iron treatment, but had under it become markedly worse. Analysis of this case seemed to show that its special feature was chronic gastric catarrh. Treatment founded on this view, and mainly by ipecacuanha, was followed by immediate and progressive improvement, which has proved permanent. There is nothing very mysterious in such cases. Assuming that anæmia and chlorosis are expressions of the fact that the blood lost at the periods has not been made up, they are very clear.

Without entering into any vexed question as to where new red corpuscles originate, we shall all most likely agree that the integrity of various parts is necessary to their completion. If so, it necessarily follows that imperfection in any one of these parts may be responsible for their insufficient reproduction. Over-feeding, under-feeding, over-exercise, under-exercise, insufficient air, undue exposure, late hours, or too much bed, too much brain-work, perhaps too little, too rapid growth—any one or more of these may prevent the restoration of the blood; they may also prevent that normal plethora of which the first period is the normal cure. The brunt of any of these unhealthy influences may fall upon any one organ rather than on another. The practical inference from these considerations is that we should, at all events, delay interference in cases of afferently retarded menstruation, or of subsequently developed anæmia, till we have satisfied ourselves, by minute inquiry, that such causes have been removed, and until we have at least made a vigorous effort to rectify any functional aberration of the viscera.

As regards the last class of cases, those in which the girl is not only backward in development, but also in an indifferent state of health, no doubt we do see instances of improvement following, and sometimes apparently due to, menstruation. In some such it may be that its occurrence is an indication that the developmental forces have made a spring, of which the fresh result and sign is the period. In other cases, it may be that the sudden call upon the blood-forming organs has roused them to a response—a circumstance which, as we have seen reason to believe, may happen from the artificial removal of a portion of blood. But, if we free ourselves from a blind belief in menstruation as a sort of physiological fetish, we see other cases—cases in which the patient is precipitated by a first menstruation, or by two or three repetitions, not into a better, but into a worse state of health, and often into phthisis. One such case of phthisis has come under my notice within the last few weeks. I am quite willing to admit that this is rather a question of interpretation than of fact. No doubt, many who would admit the existence of such a case as the last, and the sequence of events, would regard it from a different point of view. They would consider, not that the menstruation had killed the child, but that a case on which such a beneficial act had failed to act beneficially was intrinsically hopeless and incurable.

Well, I ask you to study this subject for yourselves; you have plenty of opportunities. Study it dispassionately; lay aside the too common prepossession that a moderate discharge must necessarily be beneficial, and cannot possibly be injurious. Ascertain minutely, and consider, without prejudice, the primary and secondary effects of each such discharge upon the individual patient. Compare these with the well-ascertained effects of artificial or of other natural hæmorrhages, large and small. If you will do this, I think some of you will come to the conclusion that, if I have now overstated the case on one side, you have in your own minds been accustomed to overstate it on the other.

Clinical Lecture

ON A

CASE OF THORACIC ANEURYSM TREATED BY A NOVEL METHOD.

BY RICHARD BARWELL, F.R.C.S.,

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GENTLEMEN,—I desire to call your special attention to this case, which most of you have watched, and I believe with considerable interest, for some time past. The man (aged thirty-nine) was sent to me by Dr. Churchill of Chesham, and was admitted into the hospital on October 7th, 1885. Twenty years ago he had a chancre, and suffered, but not severely, from secondary syphilis for about eight years. Till ten years ago he drank a good deal, chiefly beer. His present illness began three years ago with pain in the right mammary region. After a few months his breathing became embarrassed. He first noticed tumefaction about a year since. I will detain you but a short time with a description of his condition on admission. The particular

symptoms, studied very closely as they were throughout their modifications, are of no great importance for my immediate purpose, which is to give you details of a new mode of treatment and my reasons for adopting it.

When the man came into the hospital he had a plainly visible tumour commencing above at the left side of the sternum, between the first two costal cartilages, very close to the middle line, and running thence obliquely downwards and outwards to the lower border of the third cartilage, two inches from the middle line. The length was four inches and a quarter; the breadth of the enlargement was three inches and a half. Not the tumour only, but also its pulsation was visible; the beat seemed very close to the hand. The sac at that part was very thin. Over this space there was no bruit, but the second sound of the heart was strongly marked. No fulness of surface veins was present. The radial pulses were equal, or nearly so. There was no evidence of pressure on the œsophagus; but considerable pressure—not probably on the left bronchus itself, but on some of its branches—was evidenced by the absence or diminution of breathing on the lower part of the left lung, by the peculiar notes, the mucous râles and dulness, and by the extremely troublesome cough, with expectoration of muco-pus.

The diagnosis was an aortic aneurysm, large, probably very large, springing from the lower or concave part of the arch, and progressing both forwards and backwards. In such a case any deligation of vessels was evidently out of the question, and I treated him by rest and restricted diet; in consideration that he had had syphilis, also by iodide of potassium [1] for a few weeks, by small doses of aconite, and by the salicylate of atropia. You will remember that under this treatment the man, though his condition varied considerably from time to time, certainly improved up to the beginning of the year 1886; indeed, in the earlier days of January the pectoral tumour had so far diminished that the chest was almost flat. Then began a period of exacerbation, the cough became worse, and the tumour, both intra- and extra-thoracic, increased. I need hardly say that when this aggravation set in my mind was greatly occupied with considering whether any more directly surgical method might be available; the only ones that appeared to me at all feasible were electrolysis or the introduction of a foreign body—wire, horsehair, catgut, or the like. The result of neither method is encouraging. It is true that of 37 cases of aortic aneurysm recorded by Ciniselli [2] he gives 6 cures, but this differs so widely from other statistics that I can hardly accept it. Dr. Vivian Poore [3] gives a much smaller number of cases, with 6 deaths. The latest writer [4] gives of aneurysm of the thoracic aorta 114 cases, with 69 benefited, 38 deaths, and 45 failures; but of the 69 benefited, the benefit, whatever it might be (if any), lasted but a few months in 37, not a longer time than might be accounted for by rest, not so long a period as that during which the symptoms of this patient had improved.

Let us turn to the other method. Foreign bodies, such as are named above, have been introduced eight times, and in all without success, save in a case of brachial aneurysm too small to furnish any data.[5] And yet both these methods recommend themselves to our reason; they seem as if they ought to succeed. What, then, is the cause of failure in every or very nearly every case? The question is important, because if the correct answer can be found it may help us to eliminate the cause or causes of failure, and lead us to success. Electro-puncture, when so carried out as to avoid irritation on sloughing of the sac—in other words, so as not to be injurious,—fails, I believe, for the following reasons. The cases in which it is used are of necessity large aneurysms, with sacs capable of containing twenty, thirty, or more ounces of blood, and into this large space from one to four needles are inserted. If these be connected with the positive pole, a hard but very small clot will be formed round each needle. It seems to me that the difficulty, the rarity of success, depends on the very slight influence that one, two, or three little nodules of coagulum can have on so large a mass of blood. If, now, we consider the other method, we find in all probability an opposite defect—namely, the wire or other substance occupies a considerable space in the sac; and I think there is little if any doubt that the blood will coagulate round substances thus introduced; but the clot is very soft, of that sort which Broca called passive; it is unstable; and some clinical facts show that such clot may be redissolved, and there is possibly also a danger that some shreds of it may be washed away in the form of embola. This review of the probable cause of failure of both methods led me to consider that if we could increase the area of galvanic action, or increase the hardness and stability of clot formed on foreign substances, we might be led to a successful method. This it seemed might be effected by introducing into an aneurysmal sac steel wire arranged to lie in wide coils, and then by passing along it a carefully regulated galvanic current.

By this time the patient was in a very critical state; both lungs admitted but very little air, in places none at all; his cough was very painful and constant; the expectoration frankly purulent, the wave of blood in the extra-thoracic part appeared almost subcutaneous. In the mechanical arrangements there was a little difficulty; an ordinary trocar and cannula, such as have been hitherto used for passing wire into sacs, was evidently unfitting on account of its conducting power. A tubular needle of vulcanite with a steel tip and several other devices were procured and rejected. At last a tube of ivory sharpened like a hypodermic needle was accepted as the most feasible arrangement. On March 2nd, the skin being rendered insensitive by the injection of cocaine, a fold was pinched up and a little incision made from within outwards over the tumour; the ivory needle was then thrust in without difficulty and about ten feet of the finest steel wire passed into the sac. The wire, having been first wound on a wooden cylinder half an inch in diameter and being of the best steel, must, after being paid through the needle, coil itself up again in the sac. Dr. Murray had kindly undertaken the management of the galvanic arrangements, whom I must thank for the great pains he took to carry out the intentions which I had explained and for writing the following short account. "The wire was connected with the positive pole of an eight-celled Garnet's battery. The negative was applied to the upper dorsal region a little to the left of the middle line. Between the electrode and the skin was interposed a piece of amadou about a foot square, thoroughly saturated with hot water. A galvanoscope and a voltameter (Gaiffe's) were included in the circuit. The resistance in the voltameter was so great that the strength of the current did not exceed four milliampères. Twenty cells of a Coxeter's "practitioner's voltaic battery" were therefore added to the Garnet battery, and the current strength was raised to about nine or ten milliampères. At this level it was maintained during the operation. The current was passed for an hour and ten minutes. Some redness of the skin was caused by the negative pole, but no indication of irritation at the place of puncture." For twelve hours signs of consolidation were absent, or nearly so; but at the end of that period the pulsation seemed considerably more distant and the tumour much harder, and this change rapidly increased. The lungs began to unload themselves of their accumulated pus and muco-pus; expectoration, very difficult previously, became easy and somewhat copious, showing decrease of pressure on the bronchi. But on March 5th (fourth day of operation) a new tumour appeared to the right of the sternum and rapidly increased. The man also became weaker. He died on March 9th, a week after the attempt, partly from exhaustion, and partly, as it appeared, from rupture of this second sac.

At the post-mortem it was found that the interior of the bronchi were of a deep-purple colour; in places the mucous membrane was nearly or entirely absent; the substance of both lungs airless and tough, sinking in water, but not from inflammatory consolidation. I have elsewhere remarked on this condition,[6] and will not now detain you with a further description. The very large aneurysm occupied the concave aspect and lower part of the front of the first and second part of the aorta; it had eroded a portion of the sternum and the ribs; the anterior portions of the almost solid lungs, more especially of the right lung, seemed to form part of the sac. On opening the aneurysm, it was found to consist of two parts: a left portion, much the larger; and a secondary or right portion, which seemed to

[1] Under this drug the sac wall seemed to become thinner.
[2] Sulla Elettro-puntura nella Cura degli Aneurismi.
[3] Electricity in Medicine and Surgery.
[4] L. H. Petit: Dictionnaire Encyclopédique, art. Galvano-puncture.
[5] Dr. Cayley, in conjunction with Mr. Hulke, and at the same sitting Dr. Paul, late of Calcutta, reported two other cases to the Medico-Chirurgical Society (February 23rd, 1886), which were also unsuccessful.

[6] See "On Aneurysm, especially of the Thorax and at the Root of the Neck"; also my article on Aneurysm in the International Encyclopædia of Surgery.

have recently increased in size, and which, where the lung formed a part of the wall, had burst and given exit to 2 lb. 8 oz. of blood, which was found in the right pleura. The left portion contained large wide coils of steel wire, each of which was surrounded by a pretty thick coat of firm colourless fibrin, strongly adherent to it at many places—that is to say, wherever the metal was in contact, or within a moderate distance of the wall, the wire was bound to the sac by this fibrin, thus greatly increasing its strength and resisting power.

Now let me especially point out to you that my attempt was evidently too late; the man's lungs were already all but useless. The conformation of the aneurysm also was unfortunate, in that it possessed a secondary sac, into which my wire could not pass—not a new one developed after the operation, for the man told me in writing three days before his death that the tumour to the right of the sternum had existed two years previously. The endeavour to save life was by these circumstances frustrated. But consider what the condition of things found in the large sac means. Evidently it means that by passing a galvanic current not merely along two or three needles, which are afterwards removed, but along some feet of wire which is left *in situ*, we have a device by which a considerable quantity of hard, firm, and persistent clot can be produced in large quantities even though, as in this case, the aneurysm may be close to the heart. I hope I am not too dogmatic in saying that if a galvanic current and coils of wire are to be of service in such cases, they will only be so when used in combination, after the manner thus illustrated.

REST IN THE TREATMENT OF SCROFULOUS NECK.

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SINCE surgery had a place in literature the treatment of scrofula has been the subject of considerable discourse. Upon few matters has the ancient writer of medicine proved more verbose and demonstrative. Like other chronic and protean maladies, scrofula has attacked and absorbed the pharmacopœias of successive generations. The strumous being has afforded ample material for experiment, and in few diseases has the subject been less affected by the manifold changes in its therapeutic environment. The treatment of this disorder has not possessed perennial interest. It has rather aroused from time to time a paroxysmal concern in the surgical mind, and its place in the history of medicine has been marked by a series of literary gusts. One such gust has lately blown. After a long period of neglect the treatment of strumous diseases has been refurbished with great vigour by certain continental surgeons. Considerable additions have been made to the burdened literature of the subject. Various new modes of treatment have been devised that are without doubt excellent, that have been well founded, and that are likely to prove of permanent value. They have been introduced and extensively adopted in this country, and are to be credited with very admirable results. Under the circumstances, therefore, some excuse is needed for adding to the further discussion of the subject. Limiting the excuse to the conditions covered by the term "scrofulous neck," it has appeared to me that there is at least one thing lacking in even the most modern modes of treatment. This one thing, I venture to think, can claim so paramount a position among the local methods of treatment as to render those methods inefficient when employed alone, and insignificant when placed in comparison or competition. This therapeutic factor consists merely in securing rest for disturbed parts. It cannot therefore be considered to be in any way new in theory, although it is, to the best of my belief, not yet recognised in practice, so far at least as the present affections are concerned.

The treatment of inflamed and damaged structures by rest can claim an antiquity that it shares only with the earliest records of surgical science. Viewing the matter from a liberal standpoint, it may be said that the familiar procedures directed against inflammation and disturbance are little other than ingenious and manifold applications of this rudimentary principle of treatment. It is strange that some of the commoner affections of the neck should have been considered exempt from such elementary influences where the art of their healing is concerned. It is needless to point out that scrofulous gland swellings in the neck, together with scrofulous abscesses and the sinuses that result therefrom are, as a rule, very chronic in their course, and very obstinate in their relation to treatment. There is little in the anatomy of the neck to account for this. The part is vascular; it is easy of access; it is not dependent. The arrangement of the cervical fascia is certainly obnoxious to the easy progress of an inflammation, but in many of the most indolent cases this fascia is in no direct manner concerned. There is this, however, to be noted: that the neck is a part of the body that is in almost constant movement, and if rest is of real import in the treatment of inflamed tissues, then there can be few parts of the body where it is more clearly demanded than it is in this place. If in the axilla or the groin there be a glandular swelling or a chronic abscess or a lingering sinus, the first injunction to the patient is an injunction to rest. Few would undertake the care of such cases if the patient persisted in continued movement of the limb. Yet there is this anomaly—that when like disorders are met with in the neck the need of rest is overlooked, and it may be possible to see an individual with a sinus about the elbow treated by splints, and a like sinus below the jaw treated without restraint of any kind. It is difficult to understand how an inflamed gland situated beneath the sterno-mastoid muscle can heal so long as it is kept in a constant condition of unrest by the movement of that

muscle, and it is still more difficult to conceive an easy and wholesome career for a sinus or an abscess cavity so placed. I would venture to urge that the employment of rest should be a routine measure in the treatment of every case of scrofulous neck; that it should supplement all other local procedures, and among them hold a predominant place. The application of this measure may be considered before the detailed treatment of the affection is discussed.

To secure rest to the neck I originally used a simple "stock" of gutta-percha.[1] This I found to be somewhat cumbrous and uncomfortable, and not applicable when any disease existed about or below the inferior maxilla. Moreover, the stock concealed from view the seat of trouble, and required to be frequently removed. For the last three years I have made use of a splint, the main features of which can be gathered from the annexed woodcut. It is made of felt, and takes its fixed point from the shoulders and back. The centre of the splint is strengthened by a slender strip of metal. This strip is carried up along the back of the neck, and at the occiput meets a cross-piece which is moulded to the outline of the skull. The cross-piece is kept in place by a narrow ribbon that encircles the forehead. In young girls and women the cervical part of the splint can be entirely concealed by the hair. The splint in children and in males may be secured by straps, as shown in the figure; in adult females it may be more conveniently attached to the stays. The felt is freely perforated, and the whole appliance is exceedingly light. It has been made for me by Messrs. Krohne and

[1] Scrofula and its Gland Diseases, 1882.

Sesemann. I have made extensive use of this simple apparatus. It keeps the neck still, but not rigid, and after the first few days of its use it ceases to be irksome. Patients have worn it without interruption for three, six, and nine months. It is perhaps needless to say that it is not worn at night. Of its value I can speak in strong terms, and to this employment of rest I would ascribe results in some cases that I believe no other method of treatment would have secured. I have used it not only in the treatment of scrofulous affections, but also as a splint after operations upon the neck, in cases of burn and of accidental wound, in carbuncle, and also in cases of lupus that have been treated by scraping. Under these varied circumstances I have convinced myself that the healing process has been very materially aided by this simple appliance, and in many instances the wearing of the splint has increased rather than diminished the patient's comfort for the time being. So much for this one measure. It will now be convenient to consider the treatment of scrofulous neck in general terms.

Scrofula and the pathology of the scrofulous process have been legitimate objects for contention from early times. The matter is as yet by no means disposed of, and is likely to remain disquieted until the pathology of tubercle has been placed at rest. Some recent writers have urged, with affectation, that scrofula does not exist; but the paradox, being meaningless, does not advance the discussion. One point perhaps will be very generally allowed, and it is this—that the main phenomena of the scrofulous process are the outcome of a chronic inflammation of a low type. It is a matter of no great moment whether that inflammation is or is not produced by tubercle, or whether the tubercle is a product rather than a cause of the local trouble, or whether tubercle itself is a thing for terror, and not a phantasm or a pathological fetish. The great point still remains that the treatment has to concern itself with a condition the outward and visible signs of which are those of an ill-moving inflammation. In the treatment of the gland enlargements, it is necessary, in the first place, to bear in mind that the gland trouble is secondary, and will have followed some lesion in the periphery. The more recent the case, the more important is it that the initial lesion should be sought out. It is obviously a waste of means to treat an inflamed gland while the cause of that inflammation remains active and untouched. It is of little avail to rub ointment on a strumous gland in the neck while the coryza, or the sore-throat, or the eczema of the scalp that caused the enlargement remains untreated. A thorough examination of the lymphatic periphery should be an early care. The disturbances therein that may lead to gland enlargements are numerous and varied, and among them may be placed pharyngitis, especially that incident to measles or scarlet fever, tonsillitis, diseased teeth, coryza, ozœna, otorrhœa, conjunctivitis, eczema, and the like. To the relief of these disturbances, so far as relief is possible, the earliest treatment should be directed. In rare instances the gland mischief in scrofula may be primary, and I have seen such primary mischief in the neck as the result of a blow on the one hand, and of a definite exposure to cold on the other. A mysterious enlargement of many cervical glands coincident with the outbreak of phthisical changes in the lung is probably familiar to many.

As the next step in treatment, the general management of the scrofulous patient may be briefly considered. The more essential points would appear to be the following: The healthiest possible surrounding, with plenty of fresh air and especially of light, then residence by the sea, above all for those who live inland and in great towns. In the choice of a seaside resort, I think it matters little whether the spot be east, west, north, or south, so long as it presents this feature—a beach upon which a large extent of seaweed lies exposed at low water. Iodine is, or can be, obtained from seaweed; and it is reasonable to conjecture that this volatile substance may be given off into the atmosphere when acres of seaweed are drying in the summer sun. An iodine-laden air is an ideal atmosphere for a scrofulous person. Certain it is that those sea towns are most beneficial where this condition is pronounced; and it is to this circumstance and the fact that it lies surrounded on three sides by the sea that Margate probably owes its great repute as a place of healing. Sea-bathing, under proper restrictions, should play also a conspicuous part in the treatment. The bath should be in the open sea. A domestic sea-bath, constructed out of fresh water and salt, approaches the confines of a therapeutic burlesque. Such is the circulation in the majority of the scrofulous, and such is their disposition to catarrh, that every care should be taken to avoid exposure to fluctuations of temperature. To meet this end in some way, woollen garments should be worn next the skin both winter and summer, and the patient should keep within doors after sunset and on other than fine days.

Out of the medley of medicines employed, these may be selected—iodine, iron, quinine, lime, and cod-liver oil. Iodine in some form appears to be necessary in the treatment of scrofula, and the preparations that are the most useful are the syrup of the iodide of iron and iodide of potassium. Iron and quinine take place as tonics. Phosphate of lime often appears to be of great value, especially when suppuration exists. Sulphurated lime (commonly known as sulphide of calcium) is largely used in strumous gland affections. Its action is, however, most uncertain. It is supposed to concern the suppurative process. In many cases it has appeared to distinctly check the formation of pus, and to limit suppuration when the discharge has been fully established. In other instances its action has been simply negative. In any case of strumous disease, but especially in cases where suppuration exists, it is well to suspend in the patient's room a few crystals of iodine in a chip box. The air becomes lightly charged with iodine, and the patient is surrounded by an atmosphere that is at the least mildly antiseptic. Cod-liver oil is probably the most important medicine of all. It may be given as a mixture with tartarated iron, or alone, or in the form of an emulsion with the hypophosphites. It is perhaps best to administer it during the spring, autumn, and winter, and to omit it entirely during the summer months. Patients who cannot take cod-liver oil may perhaps be induced to increase the amount of fat in their food by the addition of fat bacon, clotted cream, and the like.

To return finally to local measures. I take it that the day of local applications is over. It is no longer a routine measure to paint iodine over the skin of the neck in all cases of cervical gland enlargement. Such painting appears to be of most use in certain chronic cases where the glands—few in number—have become quite inert, listless, and free from all tenderness. In a large number of instances it does harm, probably by adding to the disturbance already existing in the periphery. Suppuration in glands has, I think, been often determined by iodine paint used by lavish hands. In some slowly progressing cases, where the glands are not tender and there is no distinct evidence that suppuration exists, a steady rubbing of the part with the ointment of the iodide of lead appears often to effect considerable improvement. Poultices of seaweed and compresses of salt water do little more than divert the patient and increase his risks of catarrh. In early cases, where the trouble is active and progressing, the use of the cervical splint alone is the most effective of local measures. With its application the parts are placed at rest, the glands cease to be painful, and very commonly cease to increase. The same may be said with reference to chronic enlargements that have become once again the seat of active change.

So manifold are the aspects of the scrofulous neck, and so varied the circumstances that mould its clinical being, that the conditions under which certain operations are advisable can only be considered in bare outline. Excision with the knife, so far at least as the neck is concerned, can be but rarely practised. It is adapted for cases where a solitary gland or a small well-limited cluster of glands persists obstinately after other manifestations of scrofula have disappeared. Such glands should be movable, free from the adhesions of peri-adenitis, and emphatically chronic. Operations upon larger gland clusters, even when the individual tumours appear quite free, are often exceedingly dangerous. The glands are found on exposure to be less movable than they appeared, to extend deeply, and put in danger the great vessels and nerves or the dome of the pleura if obstinately pursued with a knife. Extensive operations of this kind appear to me to be rarely justifiable. Cautery puncture is admirably adapted for large perfectly indolent gland tumours that are near the skin, are fixed, and are too large for scraping and unsuited for excision. A slender cautery point is introduced into the gland and then thrust in many directions through its substance. The ill-conditioned mass inflames, its parts break down, and the cautery aperture affords a free exit for the débris that results. In many instances this measure has been most successful, and the resulting scar slight and without the conspicuous characters of the common strumous cicatrix. Scraping away the gland mass with a

Volkmann's spoon is a measure that has been very extensively employed, and is applicable to a large series of cases. It is best adapted to cases where sinuses exist, or where the gland is fixed and either breaking down or else quite disorganised. The gland so treated should not be of great size. In many instances the instrument does little more than remove the products of disintegration; in other cases the diseased but still living gland tissue is broken down and removed, and the surgeon effects in a few minutes what nature would accomplish only in weeks or months by means of the suppurative process. When no sinus exists an opening should be made into the gland with the cautery. This measure is not without risk, and it cannot deal with the gland capsule that remains behind, but in spite of theoretical objections it must be owned that the procedure answers well in practice. It is obviously not applicable to an extensive series of glandular swellings.

In conclusion, a word may be said with reference to strumous abscesses and sinuses of the neck. The former, as a rule, depend upon gland disease. The pus may be within the capsule of the gland, or, as is very frequent, in the loose connective tissue around it (peri-adenitis). In other instances the collection is independent of glandular trouble, and has to be classed with cold or tubercular abscesses. I think that in any case the pus should be evacuated by cautery-puncture. The cautery point, if very highly heated, is less painful than the knife and quite as rapid. The small opening made cannot close, and as a charred tract is established between the surface and the abscess cavity, undermining of the skin can hardly occur. The cavity should be allowed to empty itself. The fussy squeezing of a recently opened abscess that appears to be to many an irresistible temptation is strongly to be condemned. When the purulent cavity has emptied itself it is duly drained. The sinuses that are so often left in the neck after the strumous storm has passed over it are ill-conditioned and seldom amenable to one stereotyped plan of treatment. Some are best dealt with by a free incision. In others, where the tract is long and narrow and deep, the sinus may be fully dilated with a sea-tangle tent, and then carefully dressed from the bottom. In any case a free scraping of the sinus wall with a sharp spoon rids it of its feeble purposeless granulations, and puts it into a fair state for healing. The bottom of the fistula should be exposed whenever possible, for in that position it is not uncommon to find an ancient fragment of a diseased gland that has secretly maintained the mischief. It only remains to be said that in all cases, and especially in all instances where operations are performed, the inflamed and disturbed tissues must be placed in a condition of rest.

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THE ALBUMENS OF THE URINE.[1]

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WE are accustomed in our ordinary clinical examinations of the urine to speak of albumen being present or absent according as a precipitate is or is not obtainable by the reagents we employ, and we commonly, too, consider that the precipitate so obtained is one simple albuminous body. This is not so. The precipitate obtained by nitric acid, for instance, in an albuminous urine ordinarily consists of two distinct albuminous substances—serum-albumen and paraglobulin; it may consist of egg-albumen or of hemi-albuminose; it may be confounded with a precipitate consisting of mucin, and the urine may contain peptones when no precipitate whatever is thrown down by the nitric acid. I have thought it of some scientific interest, and, as I hope to show, not without some practical value, to review the conditions under which these different substances and their modifications may be present in the urine, and to detail the results of some observations I have made in this connexion.

It is probable that the serum-albumen present in the urine may vary in its physical, although not in its chemical, properties. Just as the original albumen of the blood-serum may, according to the researches of Dr. Halliburton,[2] be separated into at least three kinds, which coagulate at different temperatures, so in all probability the serum-albumen present in the urine may so vary. But in a complex fluid like the urine these minute differences are very difficult to prove, and it is still more difficult to avoid errors. Thus Dr. Parkes and Dr. Pavy suggested that the increase of albumen in the urine after food might be due to some change undergone in digestion, which rendered the albumen more diffusible. Lépine[3] has actually found that the albumen passed after meals is more diffusible than that passed before meals, and is more easily changed into peptone by artificial digestion. Again, Drs. Lauder Brunton and Power[4] examined albuminous urines at various intervals before and after meals; they found certain differences in the temperature at which the albumen coagulated in different specimens, but their results were inconstant. Dr. Saundby,[5] on the other hand, obtained results which were at variance with both the sets of experiments mentioned. Bouchard, again, asserted that the specific gravity of the urinary albumen, or, as he called it, the "retractability," might vary. He believed that in cases of so-called physiological albuminuria the albumen coagulated by boiling did not sink to the bottom of the tube, but floated on the top of the urine. This also has been disproved. It seems, therefore, that but little help may be looked for in our clinical work from an investigation of the mere physical differences of the urinary albumen; but a chemical investigation seems to be more promising.

I have mentioned that the precipitate obtained by nitric acid in an albuminous urine ordinarily consists of both serum-albumen and paraglobulin. Paraglobulin resembles serum-albumen in being coagulated by heat and by nitric acid, and therefore comes down together with serum-albumen in the ordinary routine of testing. It may be separated from the serum-albumen in several ways. If the urine from certain cases of Bright's disease be poured into a large quantity of water, preferably water which has stood for some time, and to which a very small amount of acetic acid has been added, a cloudy precipitate is formed. This is believed to consist of paraglobulin; it is held in solution in the urine by the small quantity of salts then present, and when the percentage of these salts is diminished by copious dilution, as in the above experiment, the globulin is thrown down. Some years ago I investigated a number of urines with the view of ascertaining when this reaction was present, and found it as a rule only when there was a large amount of albumen to be detected by the ordinary tests, and generally in advanced Bright's disease. Lately I have not been able to get this reaction with urines containing no other albumen than globulin, but this in only comparatively small quantity. It is evident, however, that the above reaction can only be a very rough test for globulin, and at the best it does not show that globulin is present in excess over serum-albumen. Senator[6] attempted to separate globulin from serum-albumen by diluting the urine and passing through it a stream of carbonic acid gas. By this method he found globulin more especially in the urine of patients suffering from amyloid degeneration of the kidneys and catarrh of the bladder; but his method, again, was very unsatisfactory.

Probably the best method of obtaining globulin from its solutions is to saturate the solution with magnesium sulphate, when the globulin will be precipitated in an uncoagulated form, and can afterwards be redissolved in water. Estelle,[7] adopting this method, found that the amount of globulin in the urine always exceeded that of the serum-albumen, and in two cases he showed that the proportion of globulin to serum-albumen in the urine was exactly that of the serum from which the albumen was derived. Now, in applying this method a very essential precaution is to neutralise the urine before adding the sulphate of magnesium. One of the best tests for albumen in urine is a mixture of five parts of a saturated solution of sulphate of magnesium with one part of nitric acid, as recommended by Sir William Roberts.[8] In an acid urine magnesium sulphate alone will form an albumen test in a certain degree similar to the above; it is true that no free acids are present, but it has been shown by Ott[9] that magnesium sulphate in com-

[1] Read before the Harveian Society of London.
[2] British Medical Journal, vol. ii., 1885, p. 148.
[3] Revue Mensuelle, 1880, p. 343.
[4] St. Bartholomew's Hospital Reports, vol. xiii.
[5] British Medical Journal, 1880, vol. i., p. 841.
[6] Virch. Archiv, Bd. 60, p. 476. [7] Revue Mensuelle, 1880.
[8] Medical Chronicle, vol. i., p. 1.
[9] See Virchow and Hirsch's Jahresber., 1886, vol. i., p. 146.

bination with the acid salts of the urine is sufficient to precipitate a certain amount of serum-albumen together with the globulin. All determinations in which this precaution of neutralising the urine is not adapted are liable to show an excessive amount of globulin to be present, and as it does not appear from Estelle's paper that he did neutralise the urine, it is not improbable that this may account for the large amount of globulin which he found. I am the more inclined to think this as my own observations in which this precaution was adopted showed in chronic Bright's disease an excess of serum-albumen over the globulin, instead of an excess of globulin, as found by Estelle. A similar objection of imperfection of the methods then known will also attach to the observations of Dr. Saundby, in which he found in two out of forty-two cases that the whole of the albumen was precipitated by magnesium sulphate, and therefore seemed to consist of globulin. Nevertheless, Dr. Saundby concluded that the body present in the urine which is precipitated by heat is almost invariably serum-albumen, and rarely globulin, and that the occurrence of paraglobulin in the urine is obscure, and not attached to any particular clinical group of cases.

Still another method of separating globulin from serum-albumen has lately been recommended by Hofmeister and Pohl,[10] in which use is made of the fact that if albuminous urine is treated with sulphate of ammonium, the globulin is precipitated when the amount of sulphate of ammonium reaches 24·11 per cent., while the serum-albumen is not thrown down until 33·55 per cent. of the salt is dissolved. There are various sources of fallacy in connexion with this method which render it somewhat unsatisfactory, and before adopting it I preferred to wait until further observations might prove its value. I have therefore made use of the sulphate of magnesium method in the investigation of a number of albuminous urines, and I aimed, not at the mere demonstration of the presence of globulin, but at a percentage determination of the relative amounts of serum-albumen and globulin respectively in different cases and at different stages of the same case. In each experiment fifty cubic centimetres of the urine were first neutralised by liq. potassæ, and to them was added a considerable quantity of magnesium sulphate. The mixture was then placed in an incubator and maintained at a temperature of about 40° C. for at least twelve hours. It is advisable to warm the mixture in order to ensure the complete saturation of the urine by the magnesium sulphate, but it is essential that the temperature should not be raised sufficiently high to coagulate the albumen, since then serum-albumen would come down together with the globulin. During this period the mixture was well shaken several times, and if necessary more magnesium sulphate added until some remained undissolved. The solution was then filtered, the filtrate containing the serum-albumen, the precipitated globulin remaining on the filter-paper. This was well washed with a saturated solution of magnesium sulphate, the washings being added to the filtrate. The filter-paper containing the globulin was now digested in water at a constant temperature, and a solution was thus obtained containing the globulin of the original urine. The serum-albumen and the globulin in these solutions were estimated by the nitric acid dilution method. Since the object of the experiments was to ascertain the *relative* amounts of globulin and serum-albumen—and any error in the method would apply equally to the solutions of each of these—it was thought that this method of estimation was sufficiently accurate for the purpose. Manifestly, the method, especially in the presence of magnesium sulphate, is not accurate enough for exact and absolute determinations, and I am at present engaged in controlling the estimates by the more tedious process of weighing. Examined in this way, I found that the proportions of globulin and serum-albumen varied exceedingly in different urines. The first case I have to mention is one of granular kidney, with albuminuric retinitis.

CASE 1.—Thos. G——, aged forty years, was admitted into St. Mary's Hospital under Dr. Cheadle in March, 1886, and came under my care in Dr. Cheadle's absence. The family history presented no remarkable points, and his habits had been temperate. Twenty-four years before he had suffered from disease of various joints, causing ankylosis of the left elbow, and rendering necessary an amputation of the right leg. For more than twenty years, however, there had been no active joint trouble. I mention these details to show that there was present no cause for amyloid disease. The patient had never had scarlet fever or diphtheria, but had been exposed to wet and cold. The first symptoms of his present illness showed themselves eight months before admission by frequent attacks of vomiting and headache. Two months before admission his eyesight became dim. On examination the patient was somewhat pale and puffy, and a slight amount of œdema was noticed in the leg. The pulse showed very high arterial tension. The apex beat of the heart was in the sixth interspace and in the nipple line. There was a prolonged first sound of the heart, and the second was remarkably accentuated at the aortic cartilage. Several hæmorrhagic and many whitish spots were seen in each retina. The urine was copious, very pale, sp. gr. 1010, and reaction acid; it contained albumen and hyaline casts. On examination by the magnesium sulphate method, I found that in 50 cc. of urine there were 0·02125 grm. of serum-albumen and 0·0085 grm. of globulin. This would show the relation of albumen to globulin to be as 2125 to 850, or about 2½ to 1.

CASE 2.—According to its clinical appearance this case was also one of granular kidney, but complicated by mitral stenosis. Lucy B——, aged thirty-three and married, was admitted under Dr. Broadbent on April 2nd, 1886. She had suffered from rheumatism three years before admission, had been exposed much to wet and cold, and had undergone great privations. About six months before admission the patient had an attack of hæmoptysis, and four months afterwards her feet began to swell. Without going into details with regard to the present condition, I may say that there was a presystolic murmur heard at the apex of the heart; the apex beat was situated two inches below the nipple and in the sixth interspace, while it was also somewhat more to the left than is normal. The pulse was of higher tension than the mitral stenosis would account for. The urine was pale, neutral in reaction, sp. gr. 1016, and contained a considerable amount of albumen, stated in the clinical report to be one-third. Here we evidently had to do with something more than the ordinary cardiac kidney, and the low specific gravity of the urine, the high tension pulse, with the evident hypertrophy of the left ventricle when there was only mitral stenosis with no regurgitation, pointed pretty clearly to a diagnosis of granular kidney in addition to the cardiac affection. After rest in bed for a few days and medicinal treatment the œdema of the legs and the cardiac distress present on admission disappeared, and it was only after some days that I obtained a specimen of urine for examination. This showed in 50 cc. 0·0292 grm. of serum-albumen and 0·0076 grm. of globulin, or about 4 parts of albumen to 1 part of globulin.

CASE 3.—This was a case of anæmia with albuminuria, the latter being due in all probability to fatty degeneration of the kidney, combined with the vascular disturbance. This patient also was under Dr. Cheadle, and came under my care for a time in his absence. There was no history of scarlet fever or diphtheria; but the patient had had one attack of rheumatic fever, followed by perfect recovery, as far as her own account could be trusted. On admission, she was exceedingly pale, and had some œdema of the lower limbs. The *bruit de diable* was well marked in the neck; the cardiac dulness was somewhat increased in extent; the apex beat diffused, not lowered, but apparently somewhat displaced to the left. A post-systolic murmur was heard at the cardiac apex, conducted best in an upward direction towards the pulmonary area. The pulse did not show very high tension. Under treatment the œdema and paleness disappeared to a great extent, and so also did the cardiac murmurs and the apparent dilatation of the heart. The urine had in the early part of the case been found albuminous, but my attention was first called to it later on. While in bed the urine was apparently normal and contained no albumen. When, however, the patient was allowed to sit up and walk about the ward for the first time, albumen appeared in the urine. During the remainder of her stay in the hospital the albumen was very variable in its appearance, but always showed in its amount a distinct relation to the amount of exercise taken. On separating the globulin from the urine, I found that 50 cc. of the urine contained 0·0560 grm. of serum-albumen and 0·01407 grm. of globulin, or 1 part of serum-albumen to 2½ parts of globulin, the exact reversal of the proportion found in the first case described.

(To be concluded.)

[10] Archiv f. exper. Pathologie, vol. xx., 1886, p. 426.

LIGATURE OF THE INNOMINATE ARTERY.

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AN annotation in THE LANCET of April 3rd favoured with special notice the case in which, seven days previously, I had tied the innominate artery for aneurysm. The patient was then doing well, but died from secondary hæmorrhage on the nineteenth day. This further record is from the bedside notes of our house-surgeon, Mr. A. B. Bennett.

J. N——, aged thirty, a brewer's labourer, was admitted into the Queen's Hospital on March 3rd, 1886, suffering from a large aneurysm of the right subclavian artery. His occupation had exposed him for a long term of years to great exertions and violent straining, as in carrying heavy sacks on his shoulder, and the joint of this side had been dislocated on three occasions. He had never had syphilis or rheumatism, and had been a very moderate drinker. The first symptom of the disease appeared about seventeen months previously, in the form of shooting pains down the arm and forearm, with occasional numbness of the limb; but, in spite of increasing suffering, he struggled on with his work, doing most of it with the other arm. He discovered a local swelling above the clavicle about nine weeks before admission. This steadily and rapidly grew in size, and with it the pain became more severe. He then came under the care of Mr. W. B. Sparrow, of Burton-on-Trent, who diagnosed the aneurysm and sent him to me for its treatment.

March 5th.—The tumour lies just above the inner half of the clavicle; it measures three inches in the transverse and two inches and a half in the vertical direction. On the inner side it disappears under the sterno-mastoid; externally it reaches nearly to the acromion. The common carotid artery is carried inwards towards the middle line of the neck, and can be felt distinct from the tumour, over which it can be made to roll. Pulsation in the tumour is very strong, but bruit is either extremely faint or absent. There is a pulsation in the episternal notch, obviously that of the root of the common carotid, which is prominent here. Pressure effects on the brachial plexus are marked by intense pain with numbness down the arm and forearm and wasting of the muscles. The pain, which at times is excruciating and causes extreme restlessness, appears to affect mostly the peripheral area of the musculo-spiral nerve. There is no œdema or venous engorgement of the limb, but the nails are slightly clubbed. The brachial artery, which is very superficial above the bend of the elbow, is no larger in calibre than a No. 3 catheter. The radial pulse is distinctly smaller than on the other side. All the superficial arteries are slightly fibroid. The right pupil is much smaller than the left. No laryngeal or pharyngeal symptoms exist. The chest was examined by Dr. Suckling, who found no evidence of disease of the heart or of the large bloodvessels.

Treatment.—The man was placed on Tufnell's aneurysm diet, consisting of ten ounces of light dry solid food with eight ounces of fluids daily. He would not keep recumbent, owing to the severity of his pain, which caused him to sit up in bed and roll his arm about a great deal. Hypodermic injections of morphia in frequent half-grain doses seemed almost powerless to relieve him at first. Ordered ten grains of iodide of potassium three times a day.—11th: The pain is somewhat less, the morphia being more efficacious in giving relief. Aneurysm the same.—18th: Condition much as before, but the patient is wearying of the diet, and he is thinner and weaker.—25th: The slight improvement which was at first apparent has not been sustained. Pulsation is as strong as ever, and its superficial area is much larger, while the pain is as severe as at any previous time. He is clamorous for food, and not willing to continue the restricted diet any longer.

Under these circumstances I determined upon operative treatment, and therefore abandoned all medicine and placed him on a liberal dietary for a few days. After carefully considering all the circumstances of the case, together with the results of recent experience in operations on large arteries, there appeared to me no ground for excluding our most direct and certain method of procedure—viz., the Hunterian—by ligature of the innominate artery. Accordingly on March 27th, the patient being brought well under chloroform, I made an incision along the inner third of the clavicle, and another down the line of the common carotid artery, so as to meet the first in the episternal notch. This skin flap was then dissected up, presenting veins tied and divided, the sternal with part of the clavicular origin of the sterno-mastoid cut across, and the sterno-hyoid and thyroid muscles also divided. The carotid sheath was then arrived at and opened on its inner side low in the neck. Proceeding down this artery the innominate was found. It appeared a vessel of unusually large dimensions, and was rather superficial. It seemed to be nearly an inch in diameter, but showed no local or fusiform expansion. Compression made against the sternum by a finger behind the vessel was found to control the pulsation both in the tumour and the carotid. I could not define its bifurcation nor make any approach to the first portion of the subclavian, as the structures over this vessel were matted and could hardly be identified. I afterwards found that it was flattened out over the aneurysmal sac. It was rather an arduous task to get the needle round the vessel; the difficulty was partly owing to its size, but mainly to the existence of adhesions binding the vessel to the sternum and the parts on its outer side. The needle used was an old-fashioned silver one, broad, and well rounded at the point, with a large eye, and sufficiently flexible to take any desired curve. This was passed satisfactorily round the vessel, and then threaded with a small cord, to which a strip of ox aorta material, kindly sent me by Mr. Barwell, was attached, and by it pulled through. In tightening the tape, I had to draw the ends with very considerable force to stop the pulsation, the vessel offering great resistance and pulsating with great force. Just at the critical moment, however, the material gave way and broke across, and a second piece introduced in a similar way suffered the same fate. I then endeavoured to imitate the principle of the flat ligature by using a cord made up of five or six medium-sized threads of catgut. This bore the strain very well, and after tightening with sufficient force to completely stop pulsation in the tumour and branches of the carotid, I drew on the ends still further, to allow of some subsequent relaxation in fixing the knot. At the same time I endeavoured to avoid crushing the coats of the artery. The ligature was secured with a third knot and cut short; the wound was dried from all clot, its edges brought partly together, a tube and strip of antiseptic gauze being left in one corner for drainage. The whole proceeding had been conducted under the spray and careful Listerian antiseptic details. The wound was then well padded, and covered with a gauze dressing secured by an elastic roller. On leaving the table no pulse was perceptible at the wrist or in the aneurysm. Four hours afterwards there was a faint pulse at the wrist. He had not much pain, but was restless from heat. Temperature normal; pulse 102; respiration 22. Had rallied well from the operation.

March 28th.—Seems very comfortable except for pain and burning of the arm. Temperature 98·8°; pulse (evening) 106; respiration 22. A small thready pulse can be felt at the wrist and also in the superficial temporal.—29th: Wound dressed to-day; thoroughly aseptic; tube removed, and drainage effected by a strip of antiseptic gauze carried to the bottom. This being the first occasion of exposure of the aneurysm since the operation, I found that pulsation had returned in it, and that a current of blood still continued through the sac. The force of pulsation would be represented by an estimate of about one-half of that previous to operation. The early reappearance of a pulse in the radial and superficial temporal arteries had led me to expect this, and rendered it probable that, in spite of the apparent tightness with which the ligature was drawn, a chink existed between the folds of the crumpled-up artery through which the direct current continued.—31st: Wound dressed; thoroughly aseptic. Pulse 96; temperature normal; respiration 20. I may say now that this condition was maintained throughout, the patient kept absolutely free from fever or constitutional disturbance, and the wound aseptic till the final hæmorrhages necessitated a discontinuance of the dressings; these were changed about every third day. The pulsation in the aneurysm was slightly less than on the previous occasion, and in the radial artery was still further diminished. I hoped to favour the process of consolidation and cure of the aneurysm by immobilising the arm to the side, but though his pain and suffering were materially better than before operation, he was rather intolerant of this, and

it could not be carried out very effectually.—April 5th: Has had rather more pain again, for which the use of morphia was resumed. Aneurysm harder and smaller. Pulsation distinctly less; radial pulse almost imperceptible; temporal pulse increasing.—8th: Aneurysm still harder and smaller. There appears now less doubt about the object for which the operation was undertaken being accomplished if he should recover from its effects.—10th: A stain of blood looking a day or so old was seen for the first time on changing the dressings.—11th: Late at night a sharp hæmorrhage occurred, which was stopped by plugging the wound.—12th: Several small hæmorrhages took place every few hours, and were controlled by pressure. Patient kept well under morphia. — 13th: Late at night another general hæmorrhage.—14th: Died in the evening.

Necropsy.[1]—Part of the incision was firmly cicatrised; the unhealed part opened into a cavity containing clot. The walls of this cavity were well consolidated, and at the bottom was the artery, on which the knot of the ligature could be felt. The aneurysm was of much larger dimensions than appeared on the surface; it completely filled the upper aperture of the thorax, bulging into this cavity; it lay against the spinal column, and had absorbed and eroded almost quite across the bodies of several of the vertebræ; it was quite inseparable from the column. The cords of the brachial plexus were flattened out behind the tumour; the internal jugular and subclavian veins were collapsed and flattened in front of it. The aneurysm sprang from the upper and back part of the artery. The mouth of the sac was very large, extending from within half an inch of the commencement nearly to the termination of the artery, so that the whole of the second, about half of the first, and a considerable portion of the third stages of the vessel were occupied by it. All the branches of the artery were in this area and opened into the aneurysmal sac. The remainder of the first portion of the vessel was of large size and flattened out in front of the sac, to which it was adherent. The aneurysm contained a large central mass of passive clot. Some portions were lined with old fibrinous layers to the depth of a quarter of an inch, and within these and also incorporated with other parts of the sac wall was a less firm coagulum. Elsewhere, and particularly near the large mouths of entering vessels, the interior appeared as a serous lining. The arch of the aorta and innominate were vessels of large dimensions, but without local or fusiform expansion. They contrasted markedly with the exceptionally small size of the left common carotid and subclavian and of the right subclavian beyond the aneurysm; the latter was much reduced in size. The aorta was thickened and atheromatous; the innominate also thickened and fibroid to a less degree. The position of the ligature was marked by a deep constriction almost exactly in its centre; the structures over the ligature were solid and organised, except at the knot, which was exposed; there was no purulent infiltration. The ligature still retained a firm hold on the vessel; one or two of the threads were partially absorbed and softened, but others scarcely changed. The knot, unfortunately very large and hard, was quite unaltered. Under the knot, in the front of the vessel and in the line of a fold or bend of its wall, was the obvious source of the hæmorrhage, in the form of a ragged hole about the size of a small pea; this opened into the vessel on both sides of the ligature. The further appearances were interesting and instructive in view of the debatable questions surrounding the use of animal ligatures. The wall of the innominate was thickened on each side of the ligature, the thickness gradually decreasing away from it. With the exception of the hole corresponding to the knot, no part of the arterial wall was injured or divided, though under the ligature itself the wall was thinner than elsewhere. The inner coats were intact. It was obvious that a small chink remained between the crumpled-up folds of the vessel, the remainder being occluded by adhesion of the inner coats. The chink was closed by a moderately firm clot; a similar clot, with conical end, extended along the distal side of the artery nearly to the bifurcation. The clot was only slightly adherent to the interior of the vessel, except under the ligature, where the adhesion was more firm. The hole in the wall of the artery having been closed, it was shown, by injecting water, that the vessel was wholly occluded at the seat of ligature. On the heart side there was a thin diaphragm of clot with a conical end, but it extended a very inconsiderable distance. As the bulk of the hæmorrhage no doubt occurred here, some of the clot may have got carried out during life. The walls of the common carotid were thickened, its cavity much contracted, but free from clot. There was free communication between it and the subclavian.

The observations which I submit on this case will be very brief. Into the general history and merits of the operation I do not propose to enter. Mr. William Thompson has recently handled this part of the subject in a complete manner,[2] and the grounds on which he defends and justifies the operation in suitable cases appear to me to be thoroughly sound. His own case, which is reported in his able and exhaustive paper, and which so nearly obtained success, goes far in support of them. I certainly do not think that, on the experience of the old methods of ligature, we are to regard the subject as a closed book not to be reopened. In dealing with this particular case I was not unmindful of the alternative courses. I had satisfied myself that medical treatment would be unavailing, while the severity of the patient's suffering rendered it most undesirable to abandon the case altogether. My reason for selecting this operation was simply its directness and certainty of action, and the belief that in it alone lay any hope of cure. I at once eliminated from consideration such methods of treatment as galvano-puncture and introduction of foreign material, on the ground that, from what I have read and seen of them, they are exceedingly fatal, while their value as a means of cure is almost problematical. Proximal pressure was impossible, the aneurysmal sac lying behind the first part of the artery. Amputation at the shoulder-joint needs, I think, more to recommend it than the hitherto limited experience of its use affords us before a surgeon will strongly urge such a serious mutilation on a patient. The distal ligature might have been tried, and could I have realised beforehand the condition of the artery it is quite likely this would have been the case. However, the vessel was fully exposed before I was aware of its state. There was no physical sign in the chest to reveal it, and the pulsation in the episternal notch was clearly that of the common carotid displaced by the tumour. Moreover, it appeared from the position of the tumour and the absence of a bruit that the mouth of the sac was of large size, and included just that portion of the vessel most occupied by large branches. Consequently I entertained but little hope of any backward development of a thrombus and a cure in this way. The post-mortem examination verifies the truth of this. When the artery was exposed the condition was obviously very unfavourable to success. I could see there would be increased difficulty in stopping pulsation and unusual risk of rupture of the artery, but I did not feel called upon to abandon the operation and close the wound, as so large a share of the operative risk had already been surmounted, and the vessel, though large in size, showed no local or fusiform expansion. I regarded the dilatation as in great part due to the resistance of the aneurysm beyond. The fact that I was unable to complete the ligature with the material originally intended may be matter for regret. The subsequent history and the post-mortem appearances show that if a knot could be avoided a different result was possible, even on a vessel so unfavourable. But I confess that the case would scarcely have been a fair one as a test for the material, and I quite anticipate that Mr. Barwell would not contemplate its application to such a vessel. In explanation of the breakage, I think it fair to say that the ligature was not only submitted to an exceptionally severe strain, but had probably got damaged in its dry state. The use of silk, or of any material which, though having the advantage of unlimited strength, must necessarily cut through the vessel and be cast off by ulceration, was out of the question. In employing catgut, sufficient had to be used to bear a good strain in tightening, to last a considerable time without absorption, and to maintain the integrity of the arterial wall. To gain all these advantages I used a cord of five or six medium-sized threads laid side by side, and as a material like this requires very careful tying to secure it, I felt it prudent to make a third knot. This knot, lying on a fold of the vessel, was, by its hardness and resistance to the forcible pulsation, the immediate cause of rupture of the artery.

In undertaking the operation, I entertained the greatest confidence, as I do now, in the value of the animal absorbable material for ligature, of the strict antiseptic condition of the wound, and in the principle of maintaining the integrity of

[1] Specimen shown at the meeting of the Pathological Section of the Birmingham and Midland Counties Branch of the British Medical Association, May 7th.

[2] British Medical Journal, Oct. 14th, 1882.

the arterial wall by the flat ligature so ably advocated by Mr. Barwell. It is on the latter of these points that opinion seems to be most divided. Should the arterial coats be cut through or not? I do not think we need seek to give one uniform answer to this question for all cases, but that it may wisely vary for different circumstances. With vessels of secondary size, in positions where the strict antiseptic condition of the wound is pretty sure, and, above all, where early deep union of the wound can be effected, a simple round cord of absorbable material (ordinary catgut), tied so as to divide the walls, leaves little room for improvement. There is in the latter point an additional security for permanent occlusion of the vessel. But it is well known that if the wound inflames and suppurates, the advantages of the animal ligature may be forfeited by solution of continuity of the vessel. It is to be recognised that the wound after ligature of the innominate is ill adapted for early union, and difficult to keep antiseptic. Though I was successful in securing the latter point in this patient, I found that the bony framework of the chest prevented deep apposition of the parts, and that a considerable cavity resulted in spite of graduated and elastic pressure applied to that end, as recommended by Mr. Thompson in the paper referred to. There can be little doubt, therefore, about the importance of the principle of maintaining the integrity of the arterial wall by the flat ligature in the case of the innominate artery. That an artery ligatured in this way becomes permanently occluded has been amply proved by Mr. Barwell's cases, and by those of Lister, Thompson, and others; it also seems that the existence of a chink at the point of ligature permitting a direct current of blood is no bar to the process. On this latter point I think the post-mortem appearances in my case bear in an interesting manner. They show that such a process of occlusion was in actual progress, though to an inconsiderable degree. When I found that pulsation had returned in the sac and in the radial and temporal arteries, I inferred that this was wholly due to the direct current past the ligature, and I seriously entertained the idea of reopening the wound and replacing it. Then, as the pulsation in the sac and the radial subsequently diminished, it appeared as if occlusion were gradually being effected by coagulation at the ligature, and there seemed increasing likelihood of the aneurysm being cured if the operation were survived. But the pulsation was still going on at a time when, as the necropsy shows, there could be no direct current past the ligature, so that it appears as if a good deal of this pulsation was due to the current of blood into the sac from the mouths of the large vessels opening there and from the common carotid. This fact, with the comparatively little change effected in the aneurysm, leave it still open to doubt whether the object for which the operation was undertaken would have been accomplished had the patient lived. The collateral circulation might have proved too direct and free.

ABSCESS OF THE SPLEEN OCCURRING IN ENTERIC FEVER.[1]

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ON assuming duty at Netherfield Fever Hospital towards the end of last October, I found a boy, aged fourteen years, suffering from what appeared to be an intercurrent relapse or recrudescence of enteric fever. He had been admitted to hospital on Oct. 5th, 1885, under the care of my colleague, Dr. Dunbar, with a history of illness of two days' duration, which commenced with anorexia, vomiting, and rigors. His throat is reported to have been sore, and the tonsils superficially ulcerated. He, as far as I could ascertain, presented none of the common signs or symptoms of enteric fever; in fact, I believe he was sent to hospital as suffering from scarlatina, which was doubtless owing to the slight throat symptoms and a doubtful evanescent red rash. The temperature, which had been febrile since his admission, became normal on Oct. 18th, or about the sixteenth day of apparent illness. It remained normal until the 21st, when it again became febrile, and remained so till the patient's death on Nov. 1st. Oct. 24th was marked by slight pain along the course of the lower ribs on the left side, which was thought might have been due to pericarditis or pleuritis. However, careful examination failed to detect the existence of either of these conditions. On Oct. 26th the left hypochondriac pain became more marked, and on the evening of the following day there was slight general abdominal tenderness. The next twenty-four hours was marked by vomiting, intensification of the abdominal tenderness, and increased tympanitis, especially manifest along the course of the transverse colon. All these signs became more painfully apparent during the next three days, and there was superadded a certain amount of stupor and low muttering delirium. The patient died early on the morning of Nov. 1st apparently from peritonitis, due, as was thought, solely to perforation of the intestine.

At the necropsy (made about ten hours after death) there was fairly marked rigor mortis and considerable emaciation. The abdomen was generally and equally distended, and there was distinct general purulent peritonitis. The omentum and coils of the intestines were loosely held together by layers of yellow puriform lymph. A large quantity of yellow fluid, which had evidently escaped from the intestines, occupied the depending portions of the abdominal and pelvic cavities. The intestines contained some yellow semi-solid fæces. There was a perforation situated about a foot and a half from the ileo-cæcal valve, occupying the base of a cicatrising ulcer. Several of Peyer's patches were observed to be ulcerated, quite free from sloughs, and evidently in process of cicatrisation. The long axis of the ulcers was usually transverse to the course of the intestine, owing, I suppose, to the fact that cicatrisation had commenced from each end, and not laterally. There was a mass of almost entirely cicatrised ulceration in the neighbourhood of the ileo-cæcal valve. The liver was enlarged and pale. The spleen was enlarged, and generally soft and congested. Its convex surface was covered by a more or less uniform layer of yellow puriform lymph. In its upper part, and under the surface of its external aspect, was an abscess which would contain a large-sized walnut. This collection of pus had ruptured into the peritoneal cavity. The lungs were found to be hypostatically congested, but otherwise healthy. The pericardium contained a considerable quantity of clear, straw-coloured fluid. The heart was healthy.

Remarks.—Abscess of the spleen, a rare affection under all circumstances, would appear to be, contrary to what might be expected when we have regard to the fact that this organ is always affected to a greater or less degree in enteric fever, of very infrequent occurrence in this disease. Murchison's vast experience gives only two cases, both of which died, in what appeared to be a relapse, from general peritonitis, and he mentions five others from other authors. A considerable number of necropsies on the bodies of patients dying of enteric fever at Netherfield Fever Hospital during the last five years supplies only this single example of splenic abscess. In November, 1883, Dr. Coates showed at the Calcutta Medical Society a boy aged four with enlargement of the spleen, the result of malarious fever. An incision was made into an abscess, and about ten ounces of pus discharged.[2] As regards diagnosis, it may be mentioned that in this case the actual condition of affairs, as far as the spleen was concerned, was not determined clinically. But if in another case there were presented for our observation tenderness in the region of the spleen, pain under the left ribs, and a "creeping" peritonitis gradually extending from this as a centre over the abdomen, the existence of splenic abscess would be suggested to the mind; and, further, that the abscess had burst and set up general inflammation of the serous membrane would be quite a reasonable conclusion to arrive at. Although the boy was reported to have been taken ill only two days before admission to hospital, judging from the condition of the ulcers I am strongly inclined to believe he must have been going about with the fever on him for at least a week before the apparent onset of the disease. The reappearance of febrile symptoms after an apyrexial state of three days cannot be regarded as a relapse in the true sense of the word, but must be looked upon rather as symptomatic of the splenic mischief, just as in this disease, as well as in any other of the specific fevers, a continuance of the fever beyond the usual time, or a reappearance of fever, accompanied by manifest local lesions, must be regarded as purely symptomatic.

[1] Read at a meeting of the Liverpool Medical Institution, Nov. 19th, 1885.

[2] British Medical Journal, July 19th, 1884, p. 143.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

CASE OF IDIOPATHIC ŒDEMA OF SCROTUM, FOLLOWED BY SLOUGHING OF ITS GREATER PORTION, WITH CELLULITIS AND SUPPURATION OF ABDOMINAL WALL; RECOVERY; REMARKS.

(Under the care of Mr. MORRANT BAKER.)

OUR readers will probably recollect the two cases of a similar description which are referred to in the remarks by Mr. Morrant Baker (see THE LANCET, 1885, vol. ii., p. 164). In both there was albuminuria, and the patients were considerably older (fifty-four and sixty-four) than the man whose case is recorded below. In one the symptoms had commenced a fortnight before he came under observation, and in the other seven days; both died, but the latter recovered from the local effects of the disease. The age of the patient in the present case, and the fact that he came under surgical treatment soon after the commencement of the symptoms, were greatly in his favour. For the notes we are indebted to Dr. F. Wigmore, late house-surgeon.

William P. H——, aged twenty-six, a cabinet-maker, was admitted into Harley ward on Feb. 16th, 1886, suffering from œdema of the scrotum. The patient stated that he was quite well until about six weeks ago, when he noticed a swelling in the right groin, which grew larger for about a week, and gave him a good deal of pain. It was opened at the Metropolitan Free Hospital, and, some pus being let out, he had no further trouble until the day before his admission into St. Bartholomew's, when he was suddenly seized with a severe pain in the scrotum, which swelled with extreme rapidity, and was very tender when touched.

On admission he was found to have a scrotum swollen to the size of a large cocoa-nut. It was very tense, and of a dusky-red colour with patches of dark purple. It presented all the appearances of approaching sloughing. The perineum was quite unaffected. The urethra also was entire, a No. 8 black catheter passing easily into the bladder. Four incisions were made into the scrotum where it appeared most tense, and a little blood and a good deal of serum escaped through them. The pain was much relieved. A charcoal poultice was applied. The temperature was 100·4°.

Feb. 17th. — The swelling has considerably diminished, and pieces of slough have come away. His temperature is normal. In the evening he was delirious and violent, and his temperature went up to 102°.

18th.—He obtained no sleep last night, in spite of chloral and bromide and the hypodermic injection of morphia. He appears much weaker, and his mind is very confused. The scrotum is quite lax, and most of the anterior part is occupied by a greyish slough. Urine: sp. gr. 1020; loaded with urates; contains a large trace of albumen, but there is no blood or pus. In the evening he became more delirious, and his temperature went up to 103°. His bowels have not yet been open.

19th.—Had a better night after the hypodermic injection of morphia. His temperature is 102·8°. He complains of great tenderness in the left groin, and great thirst. The skin of both groins is red, the redness extending up the left side to a considerable distance; poultices were applied over the inflamed areas; has been sick; pulse 132. He was transferred to the erysipelas ward in the afternoon. His temperature in the evening was 102·6°.

20th.—Had a much quieter night. His temperature this morning is 101·8°, and his pulse is 128 to the minute. The redness has spread up both sides, the left being the larger area. The sloughing of the scrotum has increased, and the discharge proceeding from it is very foul. The patient was put under chloroform, and several superficial incisions were made around the inflamed patches.

22nd.—The patient has improved. General condition better. Temperature 99·1°; pulse 136; respiration 48. The anterior aspect of the scrotum has almost entirely disappeared by sloughing, and both testes are exposed. The smell is still very foul. The erysipelas has diminished, and not extended beyond the incisions in any place. Charcoal poultices are applied to the scrotum, and large ones of linseed to the abdomen. The patient has developed a pleuritic friction sound, and some broncho-pneumonia over both bases. He is kept under a tent, with steam playing into it.

23rd.—Has not lost ground. Slept well. Temperature subnormal this morning; pulse 130; respiration 44. The urine contains no albumen now.

25th.—Is doing as well as can be expected. The condition of the base of the left lung is improving, but the signs have rather developed at the right base. The scrotum is healthier, and less foul. Erysipelatous condition nearly subsided. Temperature 99·2°; pulse 124, very soft; respiration 40.

28th.—The redness has completely disappeared. Odour from scrotum very offensive.

March 1st.—Feels slightly better. Temperature normal; pulse 120; respiration 40. A swelling has developed on the left side of the abdomen on a level with the umbilicus; it is red and distinctly fluctuating; it is also tender. There is an offensive blackish-green discharge from the scrotum. The patient was put under chloroform, and Mr. Baker made an incision into the swelling at its upper end and back part in the anterior lumbar region, when some dark, bloody, and very offensive discharge escaped. A long probe was then passed into the opening thus made, and the abscess cavity was found to track downwards and forwards to the pubes. Two other openings were made, the lowest just above the pubes, and drainage-tubes inserted. The poultices were continued.

3rd.—Seems considerably better this morning. A good deal of pus has escaped from the incisions of yesterday, and free drainage is maintained by the tubes. The discharge from the granulating scrotum not nearly so offensive as heretofore. Temperature subnormal; pulse 108; respiration 34.

8th.—Getting on well. Takes food well. Local conditions much improved.

10th.—Better in every way. Condition of abdomen very good; very little discharge. Tubes taken out; scrotum looks healthy.

15th.—Patient quite well up to 9 o'clock last night, when he became feverish, and his temperature went up to 101·6°. This morning he complains of headache and thirst. Edges of scrotal wound thickened and œdematous. There is redness over the right groin and extending a little upon the abdomen and over the buttock. Several incisions were made in the skin surrounding the patch.

16th.—The redness has almost entirely disappeared; the incisions seem to have controlled its spread. Scrotum healthier and less œdematous.

17th.—Redness less. Patient much better. Urine natural.

23rd.—Scrotum granulating nicely; dressed with boracic ointment.

April 21st.—Patient went to a convalescent home nearly well.

Remarks by Mr. MORRANT BAKER.—The foregoing case is an interesting example of a disease which is very apt to be confounded with extravasation of urine, and the notes may be compared with those of similar cases recorded in THE LANCET of July 25th, 1885. The diagnosis from extravasation of urine may be made, indeed, without much difficulty; but the superficial likeness in the two cases is very close. Apart from the history, the less marked hardness and tension of the scrotum, with the absence usually of any tense swelling in the perineum, in the erysipelatous cases will raise a suspicion of the nature of the disease, and the passage of a full-sized catheter without difficulty into the bladder will complete the diagnosis. In the present instance the extension of the cellulitis with suppuration to the abdominal wall above the line of Poupart's ligament is of much interest in connexion with the other points of similarity in the two groups of cases. The benefits arising, in what seemed a hopeless case, from free incisions of the abdominal wall, both in preventing extension of the disease and subsequently, with free drainage, in allowing the escape of decomposing fluid, which tracked from the scrotum nearly to the loin, were most marked. In many cases erysipelatous sloughing of the scrotum seems indicative of some profound deteriora-

tion of the general health. The patients whose cases were recorded last year both died; one within a few hours after admission into the hospital, and the other within a week or two of going to a convalescent home. The present case—a much younger patient—seems to be an exception, if one may judge from the apparently complete restoration to health which took place before his leaving the hospital.

MONTGOMERYSHIRE INFIRMARY.

A CASE OF PREGNANCY WITH ALMOST COMPLETE OCCLUSION OF THE VAGINA. (? CONGENITAL.)

(Under the care of Mr. C. E. MONRO.)

TOWARDS the end of October, 1884, C. K——, aged twenty-two, single, was brought by her mother, for the purpose of ascertaining the existence or non-existence of pregnancy. The mother, in common with the neighbours, had noticed her daughter's marked increase in size, and had arrived at the conclusion that she was pregnant. While strenuously denying this, the girl admitted that she had not menstruated since the beginning of April; menstruation had always been painful to her. The breasts were full, and the nipple and areola typical in appearance. She would not admit marked morning sickness, but indigestion, acidity, and flatulence were generally present, especially in the earlier portion of the day. It was endeavoured to ascertain the presence or absence of *balottement*, but about an inch and a half within the vagina an obstruction was found, which appeared to be complete—in fact seemed to form a "cul de sac"; apparently there was no aperture, but it was thought at one part of the obstructing membrane there was a slight depression. The urethra was suggestively dilated, admitting the index finger, and she had suffered from a certain amount of incontinence of urine. The opinion was then expressed to the mother that her daughter was about six and a half months advanced in pregnancy, but that there existed an obstruction which would necessitate an operation before she could be delivered. At the same time she was recommended to send the patient into the infirmary. It was then ascertained that when she was two years of age a boy had pushed a pointed stick into the vagina, causing laceration and hæmorrhage. When taken to a medical man, he expressed the opinion that "the injury might cause future trouble."

On admission she was examined with a speculum, and by means of a probe a minute aperture was discovered, just admitting an ordinary probe; by cautiously pushing it some distance above, the cervix could be felt. It was proposed to defer any operation till the child was viable, which would be about the second week in November.

Nov. 12th.—Assisted by Dr. Gowan and Mr. W. B. Ray, having first placed the patient under chloroform (before which both Dr. Gowan and myself detected the fœtal heart sounds to be 144 to the minute, the mother's pulse being 72, though the patient still persisted that she did not feel any fœtal movements, and that she was not *enceinte*), Mr. Monro proceeded to divide the obstruction with a hernia knife through a speculum from before backwards, the blunt-pointed knife being pushed through the minute aperture above mentioned; the incision was somewhat limited, the rest of the tissue being broken down with the fingers. The hæmorrhage was inconsiderable. The os uteri was then felt high up, with the fœtal head presenting. The vagina was washed out with permanganate of potash solution, and a Barnes's hydrostatic dilator (medium size) introduced; after the lapse of twelve hours this was removed, the vagina again syringed out, and the dilator reintroduced. This treatment was persisted with until the full-sized dilator had been brought to bear upon the still somewhat constricted portion of the vagina.

After a day or two it was deemed advisable to bring on labour; the os was dilated, the membranes ruptured, and a dose of ergot given. A fair labour followed, and, without any unusual difficulty, a moderately nourished child was born, weighing five pounds and a half, which survived its birth several hours.

Remarks by Mr. MONRO.—My reasons for heading this case "? congenital" are—1. That the slight injury in childhood was to the vulva or hymen (or is it possible that the obstructing membrane could have been the hymen abnormally placed and persistent?). 2. The appearance and feel of the tissue divided was that of a musculo-membranous structure similar to that of the vaginal wall, and by no means *cicatricial* tissue. If the case had not presented itself when it did, it would have been a critical complication at term, with the descending head pressing upon the obstruction. She was discharged from the infirmary at the end of three weeks, but was treated as an out-patient for incontinence of urine, from which she recovered. I ascertained that the vagina had again contracted so as to admit my index finger with difficulty, and then strongly cautioned her against running the risk of becoming pregnant again. My advice does not appear to have been taken, for I was informed that two months after leaving the infirmary she was married.

Medical Societies.

CLINICAL SOCIETY OF LONDON.

Report of Albumen Test Committee.—Aneurysm of Hepatic Artery.—Treatment of Nævus by Excision.—Suppuration in Mastoid Cells, with Thrombosis of Lateral Sinus and Septic Embolism.—Simultaneous Inflammation of Serous Membranes.

THE last ordinary meeting of this Society was held on the 28th ult., Sir Henry Thompson, Vice-President, in the chair.

The Albumen Test Committee presented a report of the work accomplished by them, which, according to custom, was received without discussion. In it the committee briefly reviewed the various modes of urinary testing for albumen in common use, and compared in turn Dr. Oliver's test-papers, Dr. Johnson's picric acid method, the potassio-mercuric iodide and acid, Dr. Pavy's pellets, the acid brine method, picric acid and brine, the acetic acid, and the nitric acid methods. The portability and delicacy of reaction of Dr. Oliver's papers were strong recommendations, but, apart from the question of easy carriage and compactness, the committee considered that nitric acid was most reliable and delicate. All the methods were said, however, to be respectively useful for the determination of the various proteids that might be contained in urine.

Dr. R. CATON read a case of Aneurysm of the Hepatic Artery. Only ten cases were believed to have been placed on record in European and American medical literature. The patient, a man aged forty, was admitted on Aug. 8th into the Liverpool Northern Hospital. He had had an attack of pain in the right hypochondrium accompanied by jaundice at Christmas, 1884; this lasted fourteen days, and was followed by complete recovery. Otherwise he had enjoyed good health till August 3rd, when the pain and jaundice recurred with great severity. He was admitted complaining of intense cutting pain in the right hypochondriac region; was in a state of partial collapse; the face and forehead covered with cold sweat; the pulse feeble and beating 92 times a minute; the temperature normal. He recovered under the administration of stimulants, warmth, and hypodermic injections of morphia. The hepatic dulness was found to extend 3½ in. in the mammary line, and percussion elicited tenderness over the liver. A rounded tender swelling, taken for the gall-bladder, was felt below the liver, a little to the left of the mammary line. The tongue was furred; skin and conjunctivæ yellow. The bowels acted with copious loose dark evacuations. The heart's dulness seemed increased; the thorax generally was hyper-resonant on percussion. The day after admission the patient was in a peaceful state. But the pain returned a day later and vomiting set in. On Aug. 11th the stools contained blood clots. This was the first time there had been any evidence of the presence of blood in the stools; it was now understood that the dark-coloured evacuation spoken of by the patient had consisted of altered blood. The diagnosis hitherto had been that of obstructive jaundice due to impacted gall-stones, but the occurrence of hæmorrhage cast doubts upon it. Two or three theories suggested themselves—viz., hæmorrhage from the bile duct, but the amount of blood was too great for such a source; or hæmorrhage from the bowel, having no special connexion with the liver affection; this seemed more probable, but was not a satisfactory explanation. Dr. Caton confessed that aneurysm of the hepatic artery never occurred to him. During the whole of Aug. 12th the pain was absent. Two stools were passed, both containing blood. The tongue was thickly furred. Temperature in the morning, 99·4°; and at 8 P.M., 102°. At 11.15 P.M. the house-physician was hastily summoned to the

ward, where the patient was found lying on the floor apparently dead. His face was pale and contracted, large drops of perspiration stood on his forehead, the pulse was scarcely perceptible, and he was for a few minutes only partially conscious. An ounce of brandy was administered, and half a grain of morphia was injected subcutaneously. The patient rallied for a time. He stated that sudden and intense pain had occurred in the right hypochondrium, and in struggling he had fallen out of bed. Considerable quantities of blood were vomited. He gradually sank, and died early in the morning. At the necropsy, an aneurysm about the size of a large marble was found in the hepatic artery; it had burst into the hepatic duct; the blood had passed back, injecting all the large bile ducts in the substance of the liver; it had also entered the gall-bladder, which was full of clots; and a large quantity of blood was also found in the duodenum, stomach, and intestine generally. Nothing noteworthy was found in any other organ.—Dr. GLOVER inquired whether a bruit had been detected over the tumour, and if there were any history of syphilis in the patient.—Dr. CATON replied in the negative to the first question; the notes would not supply an answer to the second.

Mr. R. W. PARKER read a paper on the Treatment of Nævus by Excision. He first read notes of a case of suppurating nævus situated on the back of a child aged ten months. It was of the mixed variety—that is, partly cutaneous and partly subcutaneous. When first seen it measured 2½ in. by 2½ in., and was considerably raised above the surface. The central (cutaneous) area was bright-red in colour; the subcutaneous (raised) portion extended several inches around this central one. It was stated that it had rapidly increased in size within the last few weeks. The nævus was excised through an elliptical incision, the edges of which were subsequently brought together with catgut sutures, and then coated with iodoform collodion. The child made a rapid recovery and left the hospital within three weeks. After removal the nævus was cut into and found to contain about an ounce of blood-stained pus. The interior of the sac was rough and corrugated, and divided into numerous loculi by strands of shreddy tissue running across the cavity. This case, the author said, was selected as being unusual on account of the suppuration within the sac; and because, on account of the size and of the largely subcutaneous nature of the nævus, it well illustrated the adaptability of excision as a means of treatment for this (mixed) variety of nævus. Mr. Parker divided nævi into three chief classes—the cutaneous, the subcutaneous, and the mixed variety, the last mentioned being by far the most numerous. For cutaneous nævi one of the simplest and most efficacious methods of treatment was the application of fuming nitric acid; for the subcutaneous variety, he advocated electrolysis or excision; for the mixed variety, excision was regarded as the surest and most speedy as well as the most radical method. The paper concluded with an analysis of 564 cases, and a description of the histological characters of nævus, microscopic specimens of which were exhibited.—Mr. GOLDING BIRD took exception to the sweeping statement that excision should be applied to all cases of nævus. Ligature was much to be preferred in cases which occurred in out-patient practice. A smaller scar followed the ligature than after excision, and the latter method was inapplicable to nævi of the scalp. In nævi below the lower eyelid and at the end of the nose the galvanic cautery alone could be used, and neither ligature nor excision could be adopted in these situations. Properly employed, the cautery left a minimum of scar and the least amount of contraction; cicatrisation being slow and cauterisation frequent at first. The cautery should be applied always at the circumference in commencing the treatment. He had lately employed this practice frequently.—Dr. WARD COUSINS said in some cases the knife was the best mode of treatment, but the worst in others. Some nævi disappeared under any kind of treatment. Nævi of the eyelids and nose should be cautiously and slowly treated; frequent and long-continued scarification was the method he himself adopted for these nævi. He approved of the extended use of the actual cautery, and never now made use of injections and never employed the ligature under any circumstances.—Mr. PARKER, in reply, said he had formerly had much experience in the use of the actual cautery. For nævi about the nose and eyelid he employed electrolytic needles. He advocated excision as being a radical cure, and because the after-treatment was so simple, especially when the edges of the wound could be brought well together.

Mr. VICTOR HORSLEY read a case of Suppuration in the Mastoid Cells complicated by Thrombosis in the Right Lateral Sinus, and Septic Embolism of the Heart and Left Lung, in which Recovery followed Trephining of the Mastoid Process, &c.; with Remarks on the Prevention of Septic Embolism in such cases. The patient, a female aged seventeen, was admitted into University College Hospital on July 31st, 1885. The history of the present illness showed that she had suffered from chronic otitis media since an attack of the measles at three years of age. This was aggravated by small-pox at thirteen years of age. Fourteen days before admission she "caught cold," and the parts around the right ear became acutely inflamed. The present state revealed total deafness in the right ear and extensive cellulitis, extending in front over the parotid, and above as high as the parietal eminence, while posteriorly it covered the mastoid bone and extended on to the occipital. The patient was evidently very ill, the temperature was 101°, and there was a foul discharge from the ear. Immediately on admission, Dr. Penrose, the house-surgeon in charge, made a free opening over the mastoid process. A quantity of fetid pus escaped, and the bone was found to be bare for some distance. On August 6th the patient's condition had become more unfavourable, and at midday the temperature was 105°. Mr. Horsley therefore considerably extended the wound, and found that the skull was bare over the lower and posterior fourth of the parietal bone, the whole of the mastoid, and part of the occipital. He trephined into the mastoid antrum, opening up the cells freely afterwards with a gouge, &c. He then cut away all the posterior wall of the external auditory meatus, converting the whole of the middle ear, mastoid cavities, &c., into an open gutter. The mastoid was full of horribly fetid pus. The whole wound was very thoroughly disinfected, and dressed with iodoform and iodoform wool. Next day the patient was drowsy, and the temperature exhibited a typical pyæmic curve. On the 9th—i.e., three days after the foregoing operation—the patient was seized at midnight with severe præcordial pain, dyspnœa, &c., lasting about half an hour. These symptoms of cardiac embolism were soon changed for those of pulmonary embolism, for the patient complained of severe pain under the lower angle of the left shoulder-blade, and here the physical signs of such a condition became evident. The patient, who had been treated at first with antipyrin, which produced violent and exhausting after-effects, was now kept perfectly quiet, and given large doses of Warburg's tincture. From this time she slowly gained ground, and convalesced completely about the end of September. In December the drainage-tube was left off. The suggestion was that thrombosis of the lateral sinus, if diagnosed (the symptoms were summed up in the original paper), could be successfully treated by very thorough clearing out of the temporal bone, &c. It became an open question whether under these circumstances it was not justifiable to ligature the internal jugular vein, since awkward complications arose from the very simple effect of detachment of portions of the septic clot.—Sir WILLIAM DALBY thought a procedure such as ligature of the jugular vein would require much careful consideration. It was important, however, to formulate rules for the opening of the mastoid cells. Many lives were sacrificed because this was too long delayed. These rules had been suggested by himself in former papers read before the Royal Medical and Chirurgical Society. When great tenderness existed, and a discharge was present through a ruptured tympanum, with pain and with high temperature, it was time to think about opening the mastoid cells. In one case symptoms of infantile palsy suggested the operation, the results being good. A special drill, devised for the purpose by himself, allowed of the easy and safe opening of the mastoid cells.—Mr. HORSLEY agreed as to the advisability of early opening of the cells; he would like to have discussed the question of opening the tympanum in cases of otitis.

Dr. HALE WHITE read a paper on Simultaneous Inflammation of several Serous Membranes. The patient, a girl aged nineteen, had never had rheumatic fever, but her father and mother had both died of heart disease. On admission she had some fever, abdominal pains, tenderness, constipation, impaired abdominal movement, slightly albuminous urine, and general pains about the body, especially the legs. The signs of peritonitis increased, but no cause for it could be made out. Two days after admission, the heart, which was normal on her coming to the hospital, showed increased cardiac dulness, extending upwards to the lower part of the second rib; there was a basic systolic murmur. The next day she was much worse, passing everything under her, and was sick. The breathing was entirely

thoracic. The cardiac dulness extended to the right of the sternum, and the cardiac pulsations were very visible over the whole area. Two days later there was a pericardiac trill present. In addition to the basic systolic, there was an apex systolic murmur. There was some dulness at the base of the right lung. A few days later some fluid was drawn off with a hypodermic needle from the right base. The signs of pericarditis became definite, and a pleuritic rub appeared on the right side. From this time the patient began slowly to improve; the cardiac dulness became normal; the dulness at the bases of the lungs disappeared, as did also the signs of peritonitis. During her convalescence the basic systolic murmur remained, but the apex systolic gave way to a presystolic, which persisted till her exit from the hospital, at which time, except for the presence of these murmurs, she was quite well. The examination of the sputum for tubercle bacilli and the choroid for tubercles gave negative results. During the severe part of her illness she was treated with opium, during her convalescence with iron and quinine. There can be no doubt that this patient had pericarditis, peritonitis, and pleurisy, and, in addition to this inflammation of three serous membranes, endocarditis, which led to a permanent presystolic murmur. The causes for inflammation of several serous membranes might be tubercle, Bright's disease, rheumatism, and pyæmia; or it may be that in certain exceptional cases the serous membranes have a tendency to inflame apart from any of the above causes. With regard to tubercle, it is certainly a possible cause in this case, for a boy was some years ago admitted into Guy's Hospital with pericarditis, pleurisy, and peritonitis. He got better and was discharged, and was readmitted shortly after with meningitis, which proved fatal, and it was then discovered that the pleurisy, pericarditis, and peritonitis were tubercular; but in the present case such an explanation leaves unexplained the endocarditis, and a careful examination of the sputum and choroid gave negative results. The slight albuminuria present on admission quickly disappeared, and the patient clearly had not got Bright's disease, and certainly also she had not pyæmia; and then, again, pyæmia rarely, if ever, caused peritonitis, apart from a spreading from some local suppuration. The late Dr. Fagge used to teach at the bedside, and had also mentioned in his recently published book, that sometimes he met with cases in which the three serous membranes now under consideration were inflamed at the same time apart from any cause that has been previously mentioned. The present may be an example of such a group of cases. Lastly, there is the rheumatic hypothesis. In favour of this is the fact that the patient's parents died of heart disease, that during the attack she developed endocarditis, and that the pains in the legs, which at the time were set down to her febrile condition, were severe, and might possibly have been rheumatic. The great objection to this view was that many who have had large experience deny the existence of rheumatic peritonitis, although now that it had been shown that Bright's disease would cause peritonitis, we must allow the existence of general causes for it. The case was put on record because it was of great interest as belonging to the very obscure group of inflammation of several serous membranes, and might perhaps, by the light of future cases, show that they were due to a rheumatic diathesis.

The following living specimens were exhibited:—Mr. Wainewright: Vertical Fracture of Head of Radius with Fracture of Coronoid Process of Ulna, treated by removal of the fractured portions. Mr. Godlee: A case of Myositis Ossificans. Mr. Battle: Charcot's Disease of Knee-joint in a woman aged forty-seven.

HARVEIAN SOCIETY.

Nerve-stretching for Leprosy.—The Albumens of the Urine.

A MEETING of the Society was held on May 20th, J. Hughlings Jackson, M.D., F.R.S., President, in the chair.

Dr. E. DOWNES read a paper on Nerve-stretching for Leprosy, founded on a large experience in nerve-stretching for leprosy and sciatica in Kashmir. Of forty-two cases recorded, thirty-two were well-marked cases of leprosy, and in all these anæsthesia of the lower extremities was an early and well-marked symptom. It was sometimes absolute and sometimes partial, being occasionally accompanied by absence of pigment or by tubercles, the latter occurring more commonly on the face, and often with severe neuralgia of the deeper parts. Ulceration commonly occurred in course of time, and especially in the feet, possibly beginning in some cases as a result of direct injury to the anæsthetic tissues, and often extending to complete destruction of the parts. Some of the cases recorded had lasted from one to seven years, and longer in two instances. The operation was done through a three-inch incision at the back of the thigh, the finger being hooked round the nerve and the limb lifted from the table. All the cases were benefited by the operation, and in some the ulcers healed completely and sensation was nearly restored to its normal state; the latter generally took place in the first few days. This success was fully appreciated by the patients, who repeatedly sent their friends suffering from leprosy to be similarly operated upon. The author observed that an exclusive diet of dried fish was not always an element in the production of the disease, many of his cases coming from districts where none was obtainable. He believed the ulceration to be due to peripheral neuritis, consequent upon some altered condition of the blood, for which the presence of bacilli might be answerable.—Dr. BUZZARD observed that these cases afforded direct proof of the relation of leprosy to affections of the peripheral nerves, and not to those of the spinal cord. The neuralgia and the immediate results of stretching were strong evidence in this direction. Although few English medical men had to deal with leprosy, he thought that a practical knowledge of the disease would lead to more thorough investigation of other forms of degeneration of nervous origin. Leprosy was at one time endemic in England, and he suggested that remnants and traces of it might still be existent in the form of localised atrophy or leukoderma.—Dr. DOWNES, in reply to questions, stated that in one of his cases sensation had continued good for two years; none others had been under observation for so long a period. He had obtained uniformly good results in nerve-stretching for neuralgia and sciatica.

Dr. ROBERT MAGUIRE read a paper on the Albumens of the Urine, the first portion of which will be found in our present issue.—Dr. BROADBENT, in acknowledging the extreme practical value of Dr. Maguire's observations, commented upon the clinical varieties of urinary albumen, sometimes associated with conditions of high arterial tension and sometimes with the reverse. Patients in the former condition were rarely in vigorous health, as suggested by Dr. Maguire, but always more or less ailing, and tonics did no good; these cases were generally associated with over-exertion or mental worry. The albuminous condition in early chronic renal disease was not always of the ordinary type.—Dr. SEDGWICK asked for information as to the relative amount of urea in the cases examined.—Dr. M. HANDFIELD JONES commented on the prognostic value of Dr. Maguire's experiments in deciding upon treatment in cases of albuminuria in pregnancy.—Dr. MAGUIRE warned the Society that his experiments must not be accepted as absolutely proven facts until they had been confirmed by further work. He had not estimated the quantity of urea.

ACADEMY OF MEDICINE IN IRELAND.

Causation and Treatment of Pneumonia.—Hyperpyrexia in Rheumatic Fever.

AT a meeting of the Medical Section on Feb. 26th, Dr. MARTIN (Portlaw) read a paper on the occurrence of a large number of cases of Pneumonia within a period of three months in a space about equal to half a mile square in that town. In only one instance did two cases occur in the same house, and in one of these the man was seized while working at a place six miles distant, where he had been residing for three weeks previously, and only returned home to be nursed. No person occupied in attending on or nursing a case was affected, even under circumstances particularly favourable to such a result. A certain amount of insanitary surroundings generally existed, and to this, aided by the particularly unfavourable climatic influence which prevailed, he attributed the outbreak, especially as in almost every instance the patient stated that the illness was produced by a chill caused by exposure to the peculiarly severe easterly winds which prevailed, when heated by exertion. Of the twenty-eight individuals attacked, twenty-six recovered. The treatment was based on old-fashioned lines: in the early stage, aconite, salines, diaphoretics, poultices, leeches; and in the advanced stage, occasionally flying blisters, and after their removal cotton-wool covered by gutta-percha paper, the patient's strength being supported all through by milk, beef-tea, eggs, and sometimes stimulants, but in very moderate quantities.

Dr. MARTIN tried quinine in some cases, and though perhaps with advantage, he was not in love with it as a remedy, preferring brandy when the temperature ran high, which agreed better with the patient and acted more speedily; but he stated that when one considered the very unfavourable circumstances under which he had to treat these patients in their own homes—seldom clean and amidst extreme dirt and poverty—his opinion on the action of a special drug like quinine could not be very positive or reliable.—Dr. H. KENNEDY did not look on pneumonia in any form as an infectious disease. In any acute disease rigor was the rule, and therefore he did not give any particular weight to its occurrence in pneumonia. He knew of an instance of nine out of twenty-one cows, all grazing on the same grass at Santry, dying of pneumonia; but the nine were Alderney cows, while the remaining twelve which remained healthy were of a different breed; in those cases he set down the disease to the difference in breed. Again, as to the epidemic character of pneumonia, he remembered, a good many years ago, having within three weeks nearly twenty in hospital in whom the upper lobe of the lung—generally the right—was attacked. The health of animals was no doubt deteriorated by bad sewage, but why the result should be pneumonia at one time and typhoid fever at another was a matter still *sub judice*.—Dr. WALTER SMITH said we must still confess to ignorance of what determined the outbreak in a large number of cases. He was struck with the remarkable contrast which the mortality of Dr. Martin's cases presented (only two deaths out of twenty-eight cases) as compared with that of the epidemic in Dublin. In Dr. Martin's cases it was of great practical interest to note that the pneumonia left permanent traces behind, as contradistinguished from the usual experience of acute pneumonia, which as a rule subsided, and the lung in many cases perfectly recovered, the patient being not a whit the worse—excluding, of course, cases of bad pleurisy—Dr. W. MOORE, referring to the contagiousness of pneumonia, instanced the case of a man, aged seventy, who died of it, and whose attendant, aged twenty-two, was attacked three or four days afterwards with the disease, from which he recovered.

Dr. A. N. MONTGOMERY, in the absence of Mr. W. Langford Symes, read his paper on Hyperpyrexia in Rheumatic Fever. The patient was a lady aged twenty-seven years, who, on a passage from Liverpool to Valparaiso, was attacked on board ship with all the symptoms of acute articular rheumatism. The temperature rose on the third day to 102°. She was put on the salicylate of sodium treatment, and in ten days the temperature was normal, and the patient was walking about free from pain and fever. However, after a convalescence of ten days she got wet through while in bed by the sea coming through the port-hole, and all her old symptoms returned, with a rapid rise of temperature to 106° within thirty-six hours. A full dose of twenty grains of quinine failing to have any effect in lowering the temperature, which continued to rise rapidly until the thermometer reached 108°, as a *dernier ressort* recourse was then had to the ice-pack, using towels wrung out of iced water, the application being gradually extended from the head to the lower extremities, and the patient being then rolled up in blankets, she was kept thus for ten minutes at a time. After the third and last application the temperature had fallen to 97·8°, thus making a sudden fall of 10·2° in the space of forty minutes, with marked relief to the head symptoms, as she completely lost her delirium, spoke rationally, and expressed her delight at feeling the icy cloths around her. The temperature after three days rose again to 102°, but never went higher; and from this point the pains diminished, and she finally landed in Chili thirty days after her first attack, free from any acute rheumatic symptoms other than a damaged mitral valve. The author remarked that though this plan of treatment was not free from danger from endocarditis, considering the weakened condition of the heart, still in this case, when other methods had failed to reduce the high temperature, it had succeeded, when if left alone the case must have ended fatally. He therefore thought that he was justified in using it.—Dr. W. MOORE believed there was no disease in which hyperpyrexia occurred less frequently than in acute rheumatism. He saw recently a young gentleman with this affection, and the temperature never rose above 101°; and very lately he saw a lady perfectly powerless, whose pulse was 120, while her temperature was normal. As to temperatures of 108°, 109°, and 110°, he never saw them. There was a form of rheumatism, which for want of a better name was called pyæmic, in which high temperature might occur.

THE GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

TUESDAY, JUNE 1ST.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

A LETTER was read from Sir Henry Pitman, resigning his appointment as member of the Council; and official notifications were read of the appointments of Sir William Gull as representative of the University of London, and of Sir Dyce Duckworth as representative of the Royal College of Physicians of London.

The PRESIDENT then delivered his opening address. He said that in this its thirty-ninth session the Council entered on its accustomed work with better hope than in past days, there being a fair prospect that the delay of the last fifteen years in granting further powers to the Council might come to an end in a way which might be considered a safe adjustment by the Legislature and the public. Having given a general outline of the new Medical Bill, he said that the new powers imposed no fresh duties on the Council, but enabled it to discharge with facilities the duties which hitherto it had not been able to fulfil. "The constitution of the Council," he said, "and even the individual members of the Council, remain the same, with the addition only of such fresh blood as the practitioners of the three divisions of the kingdom may in their discretion see fit to add to your body. Thus your educational work now in continuous progress need receive no check, but will obtain assistance rather from the cessation of a weary period of uncertainty. You can steadily proceed with that which is in hand without the fear, hitherto always impending, that your labour might be thrown away. For this result the medical profession and the public have reason to be grateful to the Government. I proceed to say briefly what is the work before the Council in this session. Primarily, it is still educational. Time was when it was hoped that some final resolutions would be arrived at, and that a royal road could be found for laying down rules for general, for scientific, and for professional education and examination. This road, after much exploration, is not yet discovered. But assuredly for the present we have data enough without further reports and inquiries. Do not students, not to say teachers and examiners, want rest rather than change? Do they not all need the assurance that their work, faithfully done, with the simple aim of making good practitioners, will be accepted without the endeavour to draw 'hard and fast lines' which will be frequently changed? Can it be that such details as the modes of marking the duration of time for written papers, and even the modes of distributing the papers, adopted by the great examining bodies, are to be any longer subjects of detailed and costly investigation? For myself, I feel bound to say that, should the Council deliberately believe it needful to see, for instance, that the mode of supervision during the writing of the papers is correctly carried on by any of the licensing bodies, the question arises whether the certificates of such institutions are any longer entitled to credit. But, in fact, inquiries of this elementary nature may, perhaps, be considered as completed by the publication of the series of papers now to be laid before you on the final examinations of the universities. These papers, together with the report of Mr. Teale, Professor Gairdner, and Mr. Stokes, substantially give a picture of the condition of all the licensing bodies in the kingdom up to the present date. It is not alleged that any body now wilfully makes default in examining, though it may be still possible that among large numbers of candidates some good are rejected, and also that through the skill of 'crammers'—or, to be more truthful, through the want of power to make examinations an unerring test of practical knowledge which cannot be evaded—some bad occasionally succeed. It is therefore proposed to refer the whole subject once again to a committee, which shall, at the next meeting of the Council, report on the whole subject of examinations. No one can reasonably doubt that each licensing body in the kingdom will accept recommendations deliberately made by the Council, and all the more if these recommendations are not often changed, and are not drawn out in too minute detail.

The Government Bill seems somewhat unnecessarily to dwell on the importance of appointing inspectors. The branch Council of England judiciously lays before you a brief but careful account of the course which visitations have taken in the last twenty years; it draws attention to the great increase of expense which has taken place in conducting them, and chiefly for this reason it recommends a complete revision of the regulations concerning them. In cordially agreeing to this proposal, I would not wish to be understood to express a doubt as to the expediency of the steps hitherto taken, nor as to the work of the visitors, whose zeal and success is appreciated by all. These steps have necessarily brought us by successive stages from a condition of educational chaos to one of more and more complete information. But I venture to repeat that, if there be any body which needs constant and minute inspection, from whatever cause, it is quite unfit to be entrusted with the function of licensing. Within the last quarter of a century the examination conditions have been greatly altered. The broad principles of medical education are now universally understood. If there be any bodies which do not, or cannot, adopt them, they are not entitled to public confidence. Personally, I do not believe that any such bodies now exist." After referring to several subjects to be brought before the Council, the President proceeded:—"It is clear that the machinery of medical education in this metropolis is about to undergo complete revision. The new buildings of the Royal Colleges, with their projected apparatus for education and examination, will, by aiding the unity and completeness of examination, aid the unity and completeness of teaching in the now numerous and separated schools of London. As the colleges in the old English universities have united in various ways for teaching purposes, so it is not impossible that the great medical schools may find an advantage in some form of union, both professorial and tutorial. Equalised instruction will in the present day generally produce higher and better organised instruction. We have to get rid of the old idea that all competition is downwards. The reverse is becoming the case. It is certain—and it is almost startling to say this—that some of the instruction given in London hospitals for the average learner is tenfold more detailed and more precise than in the student days of Hunter and of Brodie. Still, that it should be equal in all schools is impossible. But the clinical material in the hospitals, workhouses, and dispensaries is amazing by its vastness, as is too well known to philanthropists. Whether very minute teaching of this mass is valuable for the strong and independent youth, already trained and disciplined in scientific methods and university life, may, perhaps, be open to question. Strong men with large opportunity teach themselves. Students trained through really scientific methods will outstrip their less fortunate comrades at the bedside. But the general result throughout the whole kingdom of this movement must be a prudent regulating of the average education of the so-called pass-men. This is our real business. And then will follow of necessity the question, if it has not already been raised, of the recognition of such pass or training by title or degree. Then almost with certainty will be forced on this Council, in some form, the nature of 'higher titles.' The old traditional notion is not yet exploded that the titles of Fellow or Doctor, howsoever obtained, imply distinction. Is not the time now coming when an educated public will know that it is not the name, but the body that gives the name, which sets a stamp of honour or of nullity? The meetings of this Council will, under the pressure of new conditions, become a means of valuable interchange of thought on methods of study, by a skilled representative from every part of the kingdom, rather than meetings to inquire into examination details which are thoroughly understood by all examining bodies, and whose discussion will therefore be a thing of the past. The coming modes and the progress of the average teaching will, while science moves onwards, be a never-failing object of careful study." Having briefly expressed the regret of the Council at the loss of Dr. Storrar and Dr. Scott Orr, the President concluded:—"When, at the outset of my address, I spoke of the relief afforded to the Council by the thought that the constant threat of legislation might cease for a time, in consequence of the change which has been made in the constitution of the Council, I did not intend, certainly not from the chair, to express any opinion on the administrative policy of appointing persons to the Council in any particular manner. In this chamber, however constituted, however appointed, whether we be many or few, there is highly complicated educational work to be done, and the will to do it. The present faith in large numbers of electors rather than in individual responsibitity may or may not be a passing political faith. On matters such as this, it is not for me here to speak. But of one thing I may remind you: under this Bill all the old local institutions are left unaltered to carry on their work. It rests with them whether their representatives on this Council shall labour for some supposed gain to any one division of the country and to their own special class, or whether, by here maintaining touch with their peers, they seek in the department entrusted to them the common weal of the Empire, at home, in India, and in the Colonies. If they steadfastly do this, they will continue to promote the health and comfort of large portions of mankind, sending out capable and upright men, to prevent, as well as to treat, disease in every part of the globe."

The Executive Committee was then appointed, consisting of Dr. Haldane, Dr. Quain, Mr. Marshall, Dr. A. Smith, Mr. Simon, and Dr. Humphry.

Sir Dyce Duckworth was appointed a treasurer in the place of Sir Henry Pitman, and Mr. Marshall was appointed chairman of the Business Committee.

The Finance Committee having been appointed, the President, in the absence of the public, made a statement of the facts that had come to the knowledge of the Council in regard to the discovery of Mr. Philp's defalcations. On the readmission of the public, the usual tables were received showing the results of preliminary education in 1885; the number of exceptional cases in 1885 under Clause 20 of the Council's recommendations on education and examination; the results of professional examinations held in 1885 for qualifications granted under the Dentists Act; also returns from the Army Medical Department, and the reports of the visitors of examinations held in 1885, with the remarks of the bodies visited.

Mr. MARSHALL moved, "That a committee consisting of five members, including one from each Branch Council, to prepare a summary of the reports of the Visitors to the examinations of the universities, and of the remarks by the bodies visited, now presented to the Council; and that this summary be submitted to the Council at its next meeting, together with such comments as the committee may think it desirable to make."

Dr. QUAIN seconded the motion.

Mr. MACNAMARA said he could not agree with the proposal. He considered that it would be a waste of time to appoint the committee, because the whole matter would have to be discussed by the Council. He deprecated altogether the Council shunting on to the shoulders of a few the duties that should be undertaken by the whole Council. The Council was established for the special purpose of discussing medical examination and education. Visitors had been appointed, their reports had been furnished and circulated to the bodies interested, and those bodies had sent in their answers, and no advantage could be gained by the appointment of a committee. The Council would be abdicating its functions and exposing itself to very just public censure if they were to give over into the hands of a committee that which it was their own duty to discharge. It might be said that members of the Council had not had time to master these reports, but he thought that would be a reflection as to the manner in which they were discharging their duties. The reports and answers had been sent to each member, and it was their duty to have studied them and be prepared to discuss them at once. Another reason why they should not be referred was that some of the remarks contained in the reports were anything but complimentary to some of the bodies that had been visited, and it was not just to such bodies that they should remain for perhaps twelve months longer under those imputations. In justice to those bodies the matter should be discussed forthwith.

Dr. CHAMBERS agreed that it was the duty of the Council to read through the reports, and to form an opinion upon them. He thought it would be impossible for a committee to draw up a summary without giving a colour to certain items, and, however convenient such a course might be, it would be a dangerous proceeding.

Dr. PETTIGREW objected, on the part of St. Andrews University, to keep the matter waiting a whole year. The preparation of a summary might prevent members reading the entire reports.

Dr. DUNCAN thought that the main object contemplated

by the reports had been already accomplished, and that it was necessary for the Council to give a judicial decision upon them.

Mr. TEALE considered that the reports ought to be summarised as proposed, and that the object sought should be, without any judicial decision, to ascertain broadly what could be learned from the picture brought before the Council as to the principles on which examinations should be conducted.

Dr. HERON WATSON said that the reports of the Visitors of the corporations were duly considered by a committee of the entire Council, and recommendations founded on them were issued, and he saw no reason why that course should not be adopted on the present occasion. It was proposed to postpone the matter to the next meeting, but who could tell when that would be, or how long the present Council would exist? The new Council might decline to take up a matter which it had not initiated.

Mr. SIMON objected to an indefinite delay, and thought that a small committee might at the present sitting deal with such parts of the reports as claimed judgment.

Dr. HAUGHTON opposed remitting the subject to the next meeting of the Council. He felt, with regard to his own body, that he was on his trial, and wished to be tried at once. He should have some very hot and lively remarks to make on the subject when it came up for discussion. (Laughter.)

Dr. A. SMITH preferred that the subject should be considered at once, and not kept in suspense.

Dr. STRUTHERS suggested that the committee also consider the reports of the Visitors of examinations of 1881.

Dr. QUAIN said that the reports were extremely valuable, and he should regret extremely if they were to be hurriedly dealt with at the present meeting of the Council. If each report were to be brought up and the Council were to act as arbiter in each case, the proceedings would be endless. He thought their consideration had better be postponed till the winter session.

Dr. HAUGHTON moved as an amendment: "That a committee be appointed consisting of five members, including one from each Branch Council, to prepare a summary of the reports of the Visitors to the examinations of the universities, and of the remarks by the bodies visited, now presented to the Council; and that this summary be submitted to the Council at this meeting, together with such comments as the committee may think it desirable to make."

Dr. PETTIGREW seconded the amendment, which, on being put to the Council, was carried.

On its being put as a substantive motion,

Mr. SIMON moved as an amendment: "That a committee be appointed, consisting of five members, including one from each Branch Council, to suggest for consideration during the present session of the Council such resolutions as they may think requisite in relation to the reports of the Visitors to the examinations of the universities, and of the remarks by the bodies visited, now presented to the Council; that other members of the Council desiring to suggest resolutions be requested without delay to send them to the committee."

Dr. MATTHEWS DUNCAN seconded the amendment, which after a short discussion was put and negatived.

The first amendment was then put as a substantive motion, and carried by nine votes to eight.

On the motion of Dr. HAUGHTON the committee was thus constituted: Sir Dyce Duckworth, Mr. Marshall, Dr. Haldane, Mr. Teale, and Dr. Lyons.

The Council then adjourned.

WEDNESDAY, JUNE 2ND.

SIR HENRY ACLAND, PRESIDENT, IN THE CHAIR.

The reports of the English, Scotch, and Irish Branch Councils, in regard to the methods hitherto adopted and to be adopted in the future in the visitations of examinations and the cost of such visitations, were received.

Dr. STRUTHERS moved a series of resolutions founded on the reports and the tables accompanying them; but on an expression of opinion on the part of several members of the Council that they should be postponed till the committee appointed yesterday had reported, he withdrew them.

The Council then resolved itself into committee for the consideration of reports by the Branch Councils in regard to the subject of elementary mechanics. The English and Scotch Branch Councils recommended the enforcement of the regulation of the General Council that the subject should be passed before registration; but the Irish Branch reported that, in its opinion, to insist upon compliance with the regulation would be impracticable and undesirable, owing chiefly to the want of appliances in the colleges and schools for teaching statics, dynamics and hydrostatics.

Dr. HUMPHRY moved: "That in accordance with the report of the English Branch Council, elementary mechanics of solids should form one of the subjects of preliminary examinations." Those reports, he said, indicated a desire that elementary mechanics should form one of the subjects of the preliminary examination. In order to ascertain whether it would be advisable to insist on this, he obtained information from various quarters. The Secretary of the Science and Art Department at South Kensington wrote that at the examination in theoretical mechanics, in May, 2375 candidates presented themselves. At the last local examinations at Oxford, 104 senior and 82 junior candidates took mechanics; and at the local examinations at Cambridge, 783 boys under sixteen took mechanics. It was therefore evident that a large number of students in England were taking mechanics, and in a very considerable number of schools there were means for studying the subject. But with regard to hydrostatics, a different state of things prevailed. Although there were numerous good elementary books on mechanics, from which students could obtain a knowledge of the subject, there was hardly any such book on hydrostatics.

Dr. HAUGHTON: Oh, yes; Galbraith and Haughton's. (Laughter.)

Dr. HUMPHRY said that at present the demand for a knowledge of hydrostatics had not been sufficient to induce anyone to bring forward a good elementary book upon it. Much, therefore, as he might desire for the purposes of physiology, that students entering the profession should have a knowledge of hydrostatics as well as well as mechanics, it seemed that at present that object could not be attained. The Irish Branch Council did not seem to have made that distinction. They sent to the various schools to ascertain what was the teaching in mechanics and hydrostatics, and the result came out that the two subjects were not by any means generally taught. Had the Irish Branch Council inquired separately as to mechanics, they would probably have obtained information similar to that received in England.

Dr. HAUGHTON said that elementary mechanics included hydrostatics.

Dr. HUMPHRY said the expression was commonly understood to relate only to solids.

Dr. PETTIGREW seconded the motion.

Dr. HERON WATSON objected to the exclusion of hydrostatics. It appeared from the report of the Scotch Branch Council that in Scotland there was no real difficulty in carrying out such an examination as had been recommended by the Council, including hydrostatics. If they departed from the repeatedly expressed opinion of the Council they would be creating great confusion in the minds of students, and introducing serious difficulties in the way of registration. As long as the subject of elementary mechanics was not enforced the subject would not be generally taught; but if the requirement were insisted upon the supply would soon meet the demand. He would move as an amendment: "That an examination in the subject of elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics, should be required as an essential part of the preliminary examination, and should be passed before registration on the Students' Register."

Dr. PETTIGREW asked and obtained permission to withdraw his seconding of the motion of Mr. Marshall, sharing, as he said he did, the views expressed by Dr. H. Watson.

Mr. SIMON said that the Council had so often affirmed its recommendation, that the continual reopening of the question reminded him of the labours of Sisyphus. It was not a question of enforcing the subject, but merely of recommending it as far as practicable. There was no good reason for cutting the subject in two, and thereby dislocating arrangements already made. Indeed, it was more important that students should be taught hydrostatics than that they should be taught solids and statics, and the importance of the subject had been over and over again affirmed.

Mr. MACNAMARA said he would second Dr. Humphry's motion; the regulation was compulsory and not merely a recommendation, and the Registrar of the Irish Branch

Council would not register any student as a medical student who had not passed in the required subject. It was because that Branch Council were impressed with the importance of the subject that they claimed to allow students to pass the examination before the first professional examination. It had been said that the demand would cause the supply, but he believed the result would be a sham examination.

Dr. HUMPHRY, speaking to the amendment, said that at the universities there were higher examinations in classics and mathematics than those required by the Council, but they did not include some of the subjects which the Council were endeavouring to enforce. They did not require hydrostatics, because it did not form, in England, a sufficient subject of school education. A few years hence there might be a change, but meanwhile he suggested a compromise. It was a great pity that the regulations of the Council should be such that the several great educational bodies should not be able to comply with them.

Dr. PETTIGREW thought that the Council would double back on themselves if they omitted hydrostatics as a part of the preliminary examination, and he hoped that they would see their way to simply reaffirm their regulation, for the supply would undoubtedly arise to meet the demand.

At this point, the hour having arrived when two medical practitioners (Wm. Turnbull and Robert Thorburn) had been summoned to appear before the Council, the debate was adjourned, and the Council resumed and considered the cases of the practitioners in private. On the readmission of the public, the President informed the Council that the Registrar had been instructed to erase from the Register the name of William Turnbull, Licentiate of the Society of Apothecaries, London, 1854, Member of the Royal College of Surgeons of England, 1859, convicted of manslaughter in an attempt at abortion, and sentenced to ten years' penal servitude; and also the name of Robert Thorburn, M.D. Edin., convicted of theft and sentenced to six months' imprisonment.

The Solicitor (Mr. FARRER) then read the opinion by Mr. Muir Mackenzie on a case in regard to the removal of qualifications from the Medical Register on the withdrawal of such qualifications by the licensing bodies. The effect of the opinion was that the removal could only be effected after the Council had been satisfied that the withdrawal of the qualifications by the licensing bodies had not been in consequence of the adoption of any particular theory of medicine or surgery.

Dr. A. SMITH said it would be in the recollection of the members that last year a letter was received from the Registrar of the College of Physicians, Ireland, stating that the name of Robert Locke Evans as Licentiate in Medicine and Surgery had been erased from their roll, and he thereupon moved that those qualifications should be removed from the Medical Register. An amendment was, however, passed postponing the consideration of the case until counsel's opinion had been taken as to the right of the Council to know the nature of the offence for which the name had been removed. He reported that decision to his College, who by resolution unanimously approved of his action in refusing to state the reasons. On Jan. 1st it was resolved: "That the President be authorised to give their representative on the General Medical Council a certificate in conformity with Section 28 of the Medical Act, that Mr. Robert Locke Evans' name was not removed for adopting or refraining from adopting the practice of any particular theory in medicine or surgery." He now produced the certificate, and moved: "That the qualifications of Licentiate in Medicine and Licentiate in Midwifery of the King and Queen's College of Physicians in Ireland, appended to the name of Robert Locke Evans in the Medical Register be removed by the Registrar."

Dr. BANKS seconded the motion, which was agreed to.

Mr. FARRER then read Mr. Muir Mackenzie's opinion on the case of Henry Francis Partridge, whose diploma in Dental Surgery, Royal College of Surgeons in Ireland, had been withdrawn, "because of his having, in violation of his undertaking given to the College, resorted to advertising in connexion with the Ladies' Dental Institution, South Kensington." The opinion was to the same effect as that previously read, and the Solicitor accordingly thought that the Council had power to remove the name from the Dentists' Register.

Strangers were again requested to withdraw, and on their readmission,

The PRESIDENT announced that the Council had passed the following resolutions: (*a*) "That the qualification of Licentiate in Dental Surgery of the Royal College of Surgeons in Ireland, appended to the name of Henry Francis Partridge, be erased from the Dentists' Register." (*b*) "That the name of the said Henry Francis Partridge be also erased from the Dentists' Register."

On the motion of Mr. MARSHALL, seconded by Mr. SIMON, counsel's opinions were referred to the Executive Committee with a view to the proposal of a standing order guiding the procedure in dealing with similar cases in future.

The Council again resolved itself into committee to continue the consideration of the motion and amendment relating to elementary mechanics.

Dr. CHAMBERS said he thought it very unlikely that the University of Oxford would be able to comply with the desire of the Council that hydrostatics should be made a subject of preliminary examination. The schools which fed the University were not able to introduce good teaching of it into their curricula. It was found that the higher physical sciences were not good gymnasia for the mental faculties in boys. These sciences, which involved the doctrines of classification, such as botany, general natural history, and chemistry, might be introduced into the curricula, but hydrostatics could not be made a compulsory subject.

Dr. HAUGHTON said that if the original rule of the Council were adhered to, the most highly educated students would cease registering. Would it not be better to go back to the regulation that the student might pass in elementary mechanics either before registration or before the end of the first professional year?

Mr. MACNAMARA said that it had been clearly demonstrated that it was impossible to give education in these subjects at present in the Irish schools; and an extra year was inflicted on the medical student, at a cost of £100, for not doing what it was impossible to do.

Dr. HERON WATSON thought that if the Council insisted on maintaining their regulation, the schools would soon be compelled to provide the requisite appliances.

Dr. PETTIGREW said that if mechanics were not passed at the preliminary, the first year's study in anatomy and chemistry would be seriously interfered with in Scotland.

Dr. STRUTHERS supported the amendment. Oxford and Cambridge had only to say, "Our entrance examination will require this subject," and it would be taught; or if some schools did not conform, intending students would go to others that did.

The debate was adjourned.

THURSDAY, JUNE 3RD.

The Council resumed the debate on the subject of elementary mechanics, and finally resolved, "That examination in the subject of elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, and hydrostatics, should be required in the preliminary examination, and should be passed before registration on the Students' Register; but in universities with a prolonged curriculum, where the examination in mechanics required for a degree is taken at a more advanced period of study than before commencing medical education, the registration may be effected on having passed the examination in mechanics, and it should be the duty of the Registrar to antedate the entry to the period at which the preliminary examination was passed."

The Council then proceeded to consider the following motion by Dr. Haughton: "That in the opinion of the Council it is highly important to visit and report upon the methods of teaching required by the licensing bodies." Dr. Struthers was in possession of the meeting when the hour for adjournment arrived.

A fuller report of the day's proceedings will appear in our next number.

THE YORKSHIRE COUNTY FOOTBALL CLUB.—At a recent meeting of the committee of this Club it was resolved to apply the sum of £1000 to public charities of the county from the proceeds of the Challenge Cup Competition. The following are the sums awarded to the medical charities:—Leeds Infirmary, £200; Bradford Infirmary, £110; Clayton Hospital, Wakefield, £85; Halifax Infirmary, £85; Huddersfield Infirmary, £85; Hull Infirmary, £85; Dewsbury Infirmary, £70; York County Hospital, £60; Batley Cottage Hospital, £60; Keighley Cottage Hospital, £20; Bradford Eye and Ear Hospital, £20; Doncaster Infirmary, £10; Sheffield Infirmary, £10; Beverley Cottage Hospital, £8 10s; Harrogate Bath Hospital, £10.

THE LANCET.

LONDON: SATURDAY, JUNE 5, 1886.

THE Medical Bill still continues its precarious existence. If the Government survive a week or ten days, it may survive too; if not, it will share the fate of all its predecessors for the last fifteen years. On Monday night Sir LYON PLAYFAIR hoped to run it through Committee. We are sorry to use such an expression, but the duty of accuracy compels us. It is to be hoped that Parliament goes into other matters more thoroughly and with more knowledge of what it is about and of the principles which should determine legislation. But it is difficult to believe in the case of a Medical Bill that it approaches the subject with any such clear intelligence. It is a scramble between one corporation and another, or one university and another, or one division of the kingdom and another. When the Bill comes on in the small hours, most of the members have gone home to bed exhausted with the close air of the House and the excited debates of the period, and only a few interested members or obedient servants of the whips remain. When the division bell rings, most of them issue from the smoking-rooms as if they had been indulging in sleep rather than in tobacco. Some attempt at amendment of the fifth clause was made by the Irish members, but without any immediate effect. This is the clause that provides a new era for the Apothecaries' Companies, and which cynical critics say is the object of the Bill. But those who remained in the House in the small hours of Tuesday morning with any active purpose were divisible into two classes—those who wanted to get additional representation for their particular corporation, and those who perceived that the corporations have already too much power in the Council and have made it the powerless body which it is. The fight for more representatives of the bodies on the Council led to two divisions. It prevented the Bill getting through that night, which, in the present state of affairs, is very much like saying that it took away the last chance of the measure becoming law. The Bill proposed that Durham and Victoria Universities should have a joint representative, just as the Scottish universities have had since 1858. The first fight, begun by Sir HENRY ROSCOE, was to get a single representative for Victoria University. In this he was backed by Dr. FARQUHARSON, who, with characteristic honesty, announced that he supported Sir HENRY because he had a similar fight to make for the University of Aberdeen and expected to be backed by him in return. Sir HENRY magnified the claims and prospects of the Victoria University, though he could not maintain that it represented more than fifty medical graduates. He and all his supporters spoke very disparagingly of the Durham University and its methods. In spite of a spirited protest from Dr. FOSTER against increasing the already too large Council, Sir HENRY prevailed, partly we must say, from a most unfortunate want of firmness in Sir LYON PLAYFAIR. After this successful division came another discussion and another division on the claims of Aberdeen and St. Andrews to a separate member. Dr. FOSTER here was helped in his able opposition by Dr. TANNER and Sir JOHN LUBBOCK, and the motion was lost. But, as it is, we have the prospect of a Council with twenty-nine members, in which university representation will predominate. At present the interests stand thus: Crown five, corporations nine, universities ten, and direct representatives of the profession five. After the House had been treated to two discussions and divisions on the claims of universities, it was nearly 3 o'clock, the patience of members was gone, and progress was reported—which means that no further progress was made. Dr. FOSTER does not mean to let the matter rest where it is, but to try hard to get six direct representatives of the profession. We do hope that Sir LYON PLAYFAIR will give his hearty support, and will resist further attempts on the part of the bodies already over-represented.

IT is not long since we recorded some of the difficulties experienced by Australian colonies in the matter of the imposition of quarantine against cholera importation, the special instance being the emigrant ship *Dorunda*, which appeared to have contracted the infection after coaling at Batavia. Now, again, difficulty has arisen with the emigrant ship *Quetta*, which, after similarly touching at Batavia, was reported on March 29th to have arrived at Cooktown after having had on board during the preceding seven days several cases of diarrhœa and vomiting. She was, however, allowed free pratique; but the health officer at Townsville was prepared in advance and ordered to make careful inspection of her on her arrival. He telegraphed information to Brisbane to the effect that twenty-eight cases of colic and twenty-seven cases of diarrhœa and vomiting had occurred, and also that four persons had been poisoned by cocoa-nuts; adding that he had ascertained that the diarrhœa had been prevalent before, as well as after, touching at Batavia. But he recommended that the vessel should remain "in quarantine for observation" at Townsville. The Colonial Secretary, on the other hand, declined to sanction the proceeding, and hence the latest intelligence was to the effect that the *Quetta* was proceeding down the coast in the usual way, touching at the usual ports and landing passengers at each. Such a conflict of opinion and the setting aside of the advice of the medical officer of health on such a point are most unfortunate. Still, we cannot but feel that the difficulty arises mainly from the system which it has been decided to follow as regards infectious diseases on vessels touching at Australian ports. Where there is any substantial risk, or the fear of risk, the medical officer of health is bound to act on it; whereas the lay official, knowing but little as to the real risks, simply trusts to his common sense, and acts upon it. In all probability there was no cholera on board the *Quetta*. If so, there was no need for the detention. And if there had been cholera on board, anything more cruel than the proposed detention of the vessel under "observation" can hardly be conceived, for the result probably would have led to a considerable diffusion of the disease, and this under circumstances which would give the sufferers the worst chance of recovery. If instead of this so-called "observation," which under a new name retains the worst features of quarantine, the system known as that of medical

inspection had been adopted, no one would have been the worse for it; and, as it would have produced no avoidable hardship, the medical officer of health would doubtless not have found his opinion overridden. In short, no one could object to the landing and isolation of actual cholera cases, nor to a brief detention for the purposes of diagnosis of persons whose illness was such as to give rise to a genuine suspicion of cholera. But to detain a whole ship's crew and passengers, the majority of whom are in perfect health, merely to see if a certain disease prevails amongst a few of them, is a proceeding which is harassing to commerce and passenger traffic, and is a direct wrong to the healthy; because if the fears of those who detain the vessel are realised, it simply means that the healthy are to remain exposed to infection. The story of the *Dorunda* and that of the *Quetta* seem to imply that those who are responsible for the protection of public health against disease imported by sea in these colonies are halting between two opinions. The quarantine system advocated by the colonies is but a slight advance on the antiquated system of quarantine to which the Turk clings with tenacity; and the progress exhibited in favour of the system of medical inspection, as carried out in this country, is also so slight that it is but little akin to it; and the result is that there is no uniformity of practice, and that, although medical judgment is sought in the individual case, it may at once be set aside on other than medical grounds. The system resorted to is mainly responsible for the anomaly.

WE are glad to see that the movement for granting degrees to medical students in London, on the same conditions as those now existing at many of the universities, is making steady progress. A meeting of the Metropolitan Counties Branch of the British Medical Association, at which only one or two members were in opposition to the movement, showed clearly how strong is the feeling in its favour among London practitioners and teachers. It is so clearly a demand for simple justice and fair play, that, except for the fact of there being already a University in London, it is difficult to understand on what basis opposition could really be made. Sir ANDREW CLARK so forcibly and clearly put the demand and the reason for it, that practically nothing further remains to be said. "The curriculum is equal, the examination is equal, the age is equal, but the result is an unequal symbol of efficiency. It is a real practical grievance, which affects medical men in England, not only socially and materially, but even in their practice with their professional brethren, when the holder of a degree is held in higher estimation than the holder of the diplomas of the two Colleges." The professional examinations of the Conjoint Examining Board are admitted by all to be equal and in some respects superior to many universities granting a degree, and the teaching in the London schools is quite as good as at the universities, whilst the clinical teaching and the means for clinical instruction are far better. The difference to the average student is not in the curriculum of study, but in the reward for his industry. In the one case he gets a diploma, in the other a degree, and he quickly learns that the latter is more profitable and held in higher esteem by the public, and even by the profession, than the former. It is idle to suppose that the University of London will do anything to meet this just demand. The path on which it entered as an examining board, whose degrees were only to be attained by a select few, is one along which it is impossible for it now to retrace its steps. It may and should do much to facilitate the taking of its degrees, but the conditions on which they may be obtained can never be so altered as to make them attainable for the student of average ability and industry, and it is on behalf of these that the demand has been raised. No one suggests that a degree should be conferred on minimum terms, and the large majority of students come between the minimum and the maximum standard as fixed by the London University. An examination in general education of a higher class than at present demanded by the College of Preceptors, and another in elementary biological science, could easily be passed by such students, and then there could not be the slightest cavil at either their general culture or their professional knowledge. Sir GEORGE YOUNG has just taken an opportunity of publicly denying that the project of a Teaching University for London has "fallen through"; but if his scheme is to live it will only be by its fusion with this movement of the two Colleges, and thus gaining a first start in one Faculty.

THE state of the laryngeal muscles concerns the general physician as well as the neurologist and laryngologist. The last two numbers of THE LANCET have contained matter relating to the question. As the knowledge concerning these muscles does not appear to have become diffused throughout the profession, the present seems a favourable opportunity for a review of the subject, our aim being to place before our readers the actual facts and general tendency of knowledge. We shall not concern ourselves with those facts of laryngeal physiology that have but little present bearing on high pathology. Thus we are narrowed down considerably in our task, for the high laryngeal pathology of to-day has chiefly to do with the abductors and adductors of the larynx, or, more strictly speaking, with the openers and closers of the rima glottidis. The posterior crico-arytænoid is the chief abductor, and the lateral crico-arytænoid is the most important adductor. Both sets of muscles are supplied by the spinal accessory nucleus, which transmits its influences along the nerve fibres contained in the pneumogastric and recurrent laryngeal trunks. If all the muscles of the larynx be paralysed (complete palsy) the vocal cords are in the "cadaveric posture"—that is, a position of slight abduction from the middle line. During inspiration the vocal cords are separated by a considerable interval from one another. During expiration the cords come closer together, and in phonation are approximated still more. This close approximation or adduction is also seen when the recurrent laryngeal is stimulated by a strong electrical current—a remarkable result when we remember that the electrical stimulus must act equally, so far as its mere physical characters are concerned, on the nerve fibres of the abductors as well as on those of the adductors. The bearing of this fact will be understood later on.

Much discussion has taken place on the position of the vocal cords in disease of the neuro-muscular apparatus of the larynx, and the influences at work are so numerous that

this is not to be wondered at. But what there is to be known may be stated in a few propositions. If both the abductors are paralysed, the vocal cords are nearer together than in the "cadaveric posture"; they can still be brought closer together by voluntary action of the adductors, and after the abductor palsy has lasted some time, a secondary contracture of the adductors keeps the cords in a state of proximity almost equal to that of phonation. This abductor palsy may be caused by disease of the nuclei in the base of the brain; but palsy of one abductor may also be due to a general affection of the whole recurrent laryngeal nerve on the same side—a curious fact to be borne in mind with the equally interesting and in a measure complementary fact that electrical stimulation, as above mentioned, of the same nerve causes adduction of the cords. Indeed, this naturally leads up to the most interesting question in connexion with laryngeal pathology and physiology. Why should a general cause acting on the recurrent laryngeal effect adduction if it be of a stimulant character, and a tendency to adduction also if of a depressant kind? In a general way an answer to this problem is not difficult to discover. We may start with the assumption that the adductor apparatus is naturally stronger than the abductor system. A lowering of the power of both together finally leaves the adductor alone effective, whilst an increase, as by electrical stimulation, does but improve the adductor advantage. Now the difficulty is to know whether this difference between the two sets of muscles is of nervous or muscular origin, or whether it is related to both the nerves and muscles. The larynx is not without its parallel in possessing muscles and nerves of obviously different power. The generalisation made by Dr. FERRIER in *Brain* some seven years ago, to the effect that the abductors and extensors of the body generally are weaker than the flexors and adductors, may be mentioned here. Dr. FELIX SEMON's anatomical and clinical proof, established by a large series of observations, that the abductors are more prone to paralysis than the adductors, is really of the same order as Dr. FERRIER's generalisation, but the similarity in the names of the muscles enjoying power and relative weakness can perhaps hardly be regarded as more than accidental. The great truth to be recognised is that muscles of antagonistic action are not endowed with equal strength. This difference in strength shows itself in a greater proclivity to paralysis, as well as in a less ready power of recuperation. In the larynx progressive disease of the recurrent nerve has been observed by several laryngologists to show itself first by abductor palsy, which passes on to total palsy, with corresponding changes of position of the vocal cords, which are first in a position of slight adduction, later still more closely approximated, and finally assume the cadaveric posture. Whilst admitting that there is a general difference in the strength of the antagonistic apparatus, Dr. GOWERS has brought forward a strong argument[1] tending to show that a mechanical explanation would go far towards interpreting the reason why adduction is more powerful than abduction. "A force acts on a lever at greatest advantage when applied at right angles to the lever." The mechanical advantage at which the chief adductor acts, as compared with the chief abductor, gives greater power to the former, since it passes nearly at right angles, whilst the abductor passes at a very acute angle, to their identical insertion into the muscular process at the outer angle of the base of the arytænoid cartilage. This mechanical consideration may afford at least some explanation of the effect of a general under-action of the recurrent nerve in impairing "the effect of the abductors more than that of the adductors, just as the general over-action on electrical stimulation increases the effect of the adductors out of proportion to that of the abductors." In some cases of slowly progressive paralysis it has been observed that, notwithstanding a final total palsy, the vocal cords have been nearer together than in the cadaveric position. This has been explained by assuming that secondary contracture, having lasted a long time, had given rise to fibrotic processes, which had *set* the adductors in a fixed position, much as happens in the permanent rigidity of cases of hemiplegia and infantile palsy. Another interesting fact of laryngeal pathology is the establishment by Dr. FELIX SEMON and Dr. ORD of a progressive weakening of the abductor muscles in the laryngeal *crises* occurring in some cases of tabes dorsalis.

[1] See Diagnosis of Diseases of the Brain, p. 101.

UP to the present time nothing has transpired at the Medical Council calling for much notice or likely to affect either medical legislation or education. The President, in his Address, skims pleasantly and benignantly over everything that has been, might have been, or may be. Sir HENRY ACLAND is one of those happy men who see the good of everything that happens, and if things don't happen that he expects he is happy enough to see the good of their not coming to pass. The indiscriminate acceptance of whatever turns up may be a cheerful, perhaps a pious, frame of mind. But it is not one which excites our highest admiration. We could wish from a President more positive guidance, more decisive deliverances, more outspoken approval or condemnation. Let us take an illustration or two. A Bill is before Parliament adding seriously to the size of the Council, but not adding much to its power, importing the co-operation or sanction of the Privy Council into the work of the Medical Council. In the matter of the registration of foreign degrees, the Bill provides for the Privy Council overriding the Medical Council, and requires the latter to recognise and register a degree of which it may disapprove. The President, in his outline of the main features of the Bill, never alludes to the Privy Council. He expresses no dissatisfaction with the increased size of the Medical Council. In regard to the one good feature of the Bill, the addition of direct representatives of the profession on the Council, he has not one word of praise. The claims of the practitioners of the country to representation cannot any longer be resisted. They find at length spirited and earnest advocacy in Parliament. But it is disappointing and depressing to the profession to find so genial a man as the President of the Medical Council without a word of welcome for them or of hearty satisfaction at their prospect of admission to a Council of which they provide all the funds, and to whose deliberations they will bring a practical element which has been too often conspicuous by its absence.

One great feature of the present meeting is the presentation of Reports from the Visitors of examinations. It may

be remembered that gentlemen of eminence were appointed to visit all the universities in 1885. The reports are not yet available for criticism. They are understood to be interesting. They certainly have been rather costly. The bill is now before the Council, and reaches the large sum of £2225 9*s.* 4*d.* The average payment to each Visitor was £67 13*s.*, and the average cost for each university visited (exclusive of printing) was £203. Considering the eminence of the Visitors, we do not think that there is anything excessive in their reward; but surely, if so much money is paid for Reports on the examinations of universities, we may expect them to be thoroughly critical, and to tell whether the universities are really doing university work. The profession will be apt to think that universities should not need such costly supervision, or that if they do need it, their whole system requires revision.

It is almost superfluous to add that the Medical Council has again collided with the subject of examination in elementary mechanics in connexion with reports from the Branch Councils on the subject. This is a yearly accident, and threatens, as on former occasions, to be a main occupation of the Council.

Annotations.

"Ne quid nimis."

THE REGISTRAR-GENERAL'S ANNUAL REPORT.

THE Registrar-General's forty-seventh annual report, which has just been issued, deals with the vital statistics of England and Wales for the year 1884. The interest in the main statistical facts for that year has been long since discounted by the summary of the figures in the four quarterly returns, issued with the report upon the last three months of that year on February 1st, 1885. The detailed report now published, however, gives information relating to the causes of death and the ages at death, which are absolutely necessary for the apprehension of the true import of marriage, birth, and death rates, measured by the proportion of those facts to the population at all ages. The introductory remarks to the present report discuss the causes of the remarkable decline of English mortality in recent years. The death-rate in 1884 was 19·6 per 1000, with reference to which it is remarked that "this is the fourth consecutive year in which the death-rate was under 20 per 1000, whereas in no single previous year since civil registration began had the rate fallen to that level." Pessimists have sought to ascribe the decline in the English death-rate to a "series of years of favourable meteorological character, and notably to the absence of excessively cold winters and excessively hot summers." This assertion is conclusively disposed of in the report before us, which points out that the "decline of mortality has been common to all four quarters of the year, and shared by them in pretty equal degrees; so that in order to give consistency to the suggested explanation, it would be necessary to assume a succession of years in which all four quarters alike—spring, summer, autumn, and winter—were marked by gradually improving meteorological conditions, an improbable supposition, for which there is no apparent warrant." It appears that English mortality in the four years 1881-84, compared with that in the thirty-three years 1838-70, showed a decline of 15 per cent. in the first quarter, 14 per cent. in the second and third quarters, and 11 per cent. in the fourth quarters of those years. Among other special points of interest dealt with in the report just issued may be noted the geographical and seasonable distribution of some of the principal zymotic diseases; and an exhaustive examination of the statistics of cancer mortality during the past thirty-five years, with especial reference to the recorded increase of that mortality and its geographical distribution, after due correction for the variations in the age and sex proportions of the population in the several counties of England. The results of this elaborate examination are admitted to be rather negative than positive, but it is urged that "the labour will not have been altogether wasted if it prevents incautious inquirers from forming hasty conclusions from rates that have neither been corrected nor based on a sufficient number of years."

THE STATUE OF HUNTER.

ON the 29th ult., a statue of John Hunter, "the father of scientific surgery," was unveiled in the new Museum at Oxford by Her Royal Highness Princess Christian, in the presence of a large assembly of spectators. Previous to the ceremony an address was delivered in the lecture-room of the Museum by Sir James Paget, who dwelt on Hunter's scientific curiosity and power of amassing facts, and the duties of a university to its students of science. Of this address we hope to give a report next week. An interesting account of the scientific movement in Oxford and the foundation of the Museum some forty years back was afterwards read by Sir Henry Acland, who concluded by paying an eloquent tribute to the interest shown by the Queen and the late Prince Consort in the establishment of science in Oxford, and indicating the propriety of the act about to be performed by their daughter, the Princess, to whose interest in medical science and in all means for alleviating suffering he referred. The statue, which was then unveiled, is one of five statues, representing heroes of science, presented to the university by Her Majesty. It represents the great *savant* standing with the legs crossed, and supporting himself on a pillar or post, with a remarkably keen and searching countenance. The statue is in soft stone, and stands upon a bracket against a pillar, near the entrance to the Museum.

SUCCESSFUL EXTIRPATION OF THE SPLEEN.

La Gazzetta degli Ospitali (May 23rd) reports a case from the surgical clinique of the University of Genoa in which Professor A. Ceci removed a greatly enlarged spleen. The patient, an imperfectly developed and very thin girl, aged seventeen, weighing 40 kilogrammes, and 1·40 metre in height, with very small pulse, had had an abdominal tumour from birth. The transverse diameter of the tumour was 34 centim., the vertical 23 centim., and the circumference about 64 centim. The anterior surface was smooth and convex, the margins sharp and fissured. The posterior surface presented a large lobe on the left. The abdominal walls were very flaccid, so that the tumour could be completely rotated vertically and transversely, and also be pushed into the left hypochondrium, whence, however, the respiratory movements soon caused it to advance to the front of the abdomen. The liver was in normal position. The enormous size of the floating spleen interfered with the patient's movement and nutrition, and was an occasional source of very severe attacks of pain, radiating from the left hypochondrium to the præcordial region and the left upper limb, and attended with violent dyspnœa and insensibility. Extirpation having been resolved upon, it was performed on March 20th, with strict antiseptic precautions. The incision in the linea alba from above downwards through the umbilicus was 23 centim. (9¼ in.) in length. On opening the abdomen, serious signs of suffocation compelled the

suspension of the operation for nearly thirty minutes. Anæsthesia having been commenced with bichloride of methylene, chloroform was substituted for it. A triple catgut and carbolised silk ligature having been applied to the pedicle, it was dropped in. The peritoneum was sutured separately. The abdominal walls were brought together by three metallic points, after Billroth's method. The splenic artery was larger than the subclavian. The whole operation, including the interruption, lasted an hour and a quarter. Violent delirium and nervous phenomena simulating angina pectoris soon followed. For two days the pulse could not be counted, and the respiration varied from 70 to 80 per minute. The treatment was by oxygen and nutritive clysters. The wound was first dressed on the eighth day, and almost the whole of the wound-tract suppurated. In spite of strict antiseptic treatment erysipelas supervened, and yet the patient recovered. On April 22nd (thirty-one days after the operation) her condition was reported as excellent, only a small superficial wound remaining. The extirpated spleen, with the contained blood, weighed 2400 grammes, equal to 37,036·8 grains, or 77·16 ounces. A courteous note just received from Professor Ceci states the patient is in good health; pulse 80; respiration 22; weight increasing rapidly; complexion florid.

HONOUR TO THE MEDICAL PROFESSION.

THE Queen has been graciously pleased, on the occasion of the celebration of Her Majesty's birthday, to sanction the following amongst other appointments. To be ordinary members of the Military Division of the Third Class or Companions of the Order of the Bath: Deputy Surgeon-General John By Cole Reade, Medical Staff, and Brigade Surgeon George Farrell, Bengal Medical Establishment. To be an ordinary member of the Civil Division of the Third Class or Companion of the said Order:—William Orange, M.D., Superintendent of Broadmoor Criminal Lunatic Asylum. Surgeon-General Michael Cudmore Furnell, M.D., Indian Medical Department, Madras, Surgeon-General with the Government of Madras; and Deputy Surgeon-General Alexander Morison Dallas, Indian Medical Department, Bengal, Inspector-General of Civil Hospitals, Punjaub, have been nominated and appointed to be Companions of the Order of the Indian Empire. The honour of Knight Bachelor has been conferred on the following gentlemen: Surgeon-General T. Longmore, Professor of Military Surgery, Netley Hospital, Dr. E. H. Sieveking, Mr. W. White Cooper, Dr. Douglas Maclagan, Professor of Medical Jurisprudence in the University of Edinburgh, and Mr. John Tomes. We regret to announce that since the publication of Her Majesty's intention to confer the above-mentioned honour on Mr. White Cooper his death has occurred, to the great sorrow of Her Majesty, whom Mr. Cooper had attended as oculist for upwards of thirty years.

SUDDEN DEATHS AFTER SEVERE EXERTION.

Two deaths have recently occurred which ought to serve as a note of warning to those who undertake severe muscular exertion without due preparation for the same. In one case the fatal results occurred during an Alpine expedition; in the other after a sharp row on the river; in both death was by syncope. It is probable that in each case, had the work been undertaken gradually and with some degree of training, instead of a fatal result ensuing, the bodily health might have been improved. Both of the deceased persons were of an age when degenerative changes in the muscular tissue of the heart or of the vessels would hardly be expected, and the syncope must have resulted from the sudden strain thrown on the cavities of a heart weakened previously by a long period of inactivity, and before the concordant action between the heart and great vessels had been established. This is always a danger when violent exercise is suddenly undertaken, and the mischief is of course greater in elderly persons than in young adults. Many middle-aged men who, at the commencement of their autumn holidays, after months of comparative inactivity, undertake without preparation some feat of Alpine climbing, or a long day's grouse shooting on the moors, lay the foundation of future heart troubles or aneurysm simply because they will not allow time for the concordant action between the heart and great bloodvessels to be established. In all cases where men are suddenly called upon to exchange a sedentary life for one of increased activity, they should consult their medical attendant as to the condition of their circulatory system. One instance is particularly recalled to us of a distinguished general practitioner, who had long been troubled with a spasmodic cough, which he thought proceeded from deranged stomach, and which a month among the Alps would soon put right. He started on his journey, but fortunately *en route* he travelled in the same carriage with a physician who was personally a stranger. During the journey the physician was struck with the character of the cough, and after a little conversation an examination of the chest was made, which resulted in the discovery of an aneurysm of the transverse aorta, which had escaped the patient's notice. Had he made any of his contemplated ascents he would have aggravated the condition, even if the attempt had not led to sudden rupture of the sac and immediate death.

NITRO-GLYCERINE.

IN the annual report just issued by Her Majesty's Inspectors of Explosives, it is stated that "it may be interesting to record that the use of nitro-glycerine as a medicine has for the first time been recognised in the British Pharmacopœa, and that the substance made up into lozenges and solutions is now rather largely and, so to speak, authoritatively employed in cases of angina pectoris, &c., for which purpose it has hitherto been irregularly employed for some years." We do not know what significance is attached by the Explosives Department to the word "irregularly," but it may be as well to point out that the nitro-glycerine has now been used in legitimate medicine and on well-established principles for the last six or eight years, and that it is not necessary for a remedy to find a place in the British Pharmacopœia to sanction its use in the treatment of disease. The report goes on to say that "this legitimised use of nitro-glycerine as a medicine has led to the question being raised as to the conditions as to which the same could be made and sold, and the Secretary of State has signified that it is not proposed to interfere with chemists manufacturing small quantities of nitro-glycerine for *bonâ fide* medicinal purposes; but that if it appears at any future time that the public safety is endangered by such manufacture, this statement is not to prejudice such steps as may then be considered expedient; and that as the maximum amount of nitro-glycerine contained in the tablets is very small, it is not proposed, for the present at least, to put any restrictions on their manufacture or sale, as it appears that a very large number of them would have to be treated to extract a sensible amount of explosive from them for practical purposes." This statement, cautious though it be, practically legalises the manufacture of nitro-glycerine; and all that is necessary in case of a prosecution will be for the prisoner to plead that he was making the explosive for medicinal purposes. It is further stated that "the question of scheduling nitro-glycerine, when employed as a drug in medicinal preparations, as a poison, is at present under consideration; and it seems desirable, having regard to the somewhat attractive forms—e.g., chocolate tablets—in which such

preparations are sometimes presented, that their sale and handling should be surrounded with the precautions which attach to poisons generally. The excessively narrow limits of quantity which is deemed prudent to authorise for a dose lends weight to this suggestion. The question has already been raised by the Department, and is at present occupying the attention of the Medical Department of the Privy Council, by whom it will no doubt be referred in due course to the Pharmaceutical Society."

ACTION AT LAW FOR ALLEGED TIGHT-BANDAGING.

AT the late Leeds Assizes an action was brought to recover damages by Mabel Moss, a minor, through her father as next of kin, from Dr. West-Symes, a surgeon living at Halifax. The allegation made by the plaintiff was that Dr. Symes had not used "fair, reasonable, and competent skill" in the treatment of a simple fracture of the clavicle, which the child in question had sustained. The main charge of malpraxis was that defendant had bandaged the arm over the elbow-joint whilst the limb was in an extended position, and that he then flexed it, with the result that gangrene supervened, necessitating amputation. It was further alleged that on the day on which Dr. Symes set the fracture he expressed the wish to see the patient after a week had elapsed. These charges were specifically traversed by the defendant. Two medical men called for the plaintiff deposed that in their opinion the gangrene was due to faulty bandaging. For the defence, Messrs. Wheelhouse, Pridgin Teale, Jessop, and McGill testified that it was quite possible for the arm to have been skilfully bandaged and for the swelling to have come on subsequently. If this were the case, there could be no doubt that the parents were careless in not noting the advent of the very pronounced signs of difficulty and arrest of the circulation; and, indeed, one witness, a chemist, said that the mother of the child admitted the latter had been in great pain, and had been rambling and talking at night, and that her finger-nails were black. This was said to have happened on a Thursday, and yet the mother expressed her intention of not taking her daughter to the doctor until the following Monday. There can be no doubt that had the apparatus not been applied gangrene would not have ensued, for the treatment of the fracture was not carried out until three days had elapsed from the date of the accident. The supposition that a splinter had penetrated or compressed the subclavian vein, or that the main vessels had been torn by the injury, could not therefore be entertained. But, as the judge remarked, the doctor would be less likely to depart from the precepts he had learned in his earlier days and afterwards carried out in practice, than the plaintiff to note the exact order in which the bandaging was effected in reference to the flexed or extended position of the arm. Very properly too, as we think, he laid little value on the evidence of the child. The verdict of the jury could scarcely have been different in the face of the opinion of such unimpeachable authorities as the gentlemen above named. Dr. Symes has our sincere sympathy, and doubly so inasmuch as he magnanimously declined to ask for costs. His character as a surgeon had been impeached, and he had rebutted the charge successfully. He cannot be blamed for employing the particular method (Desault's) of treating fractured clavicle, seeing that it is recommended by surgeons of the highest repute. We cannot help saying, however, that we prefer other plans, as being attended with less risks of gangrene. A modern authority has described Desault's plan as "classical, but clumsy and complicated." Nor can we entirely subscribe to Mr. Wheelhouse's assertion, as reported, that the axillary pad is essentially necessary. It does not form a part of Sayre's treatment of broken collar-bone, and yet we think that for children this is preferable to any other. It is certainly not desirable, much less necessary, to confine the patient to bed, as seems to have been suggested by one of the medical witnesses for the prosecution.

THE RETIREMENT OF DR. ORANGE, C.B.

IT is now close upon a quarter of a century since a great public want was removed by the erection of a central asylum for the reception of the criminal lunatics of England and Wales, instead of having them scattered all over the country in various prisons and county and private asylums. When Broadmoor was opened in 1863, Dr. Meyer and Dr. Orange, from the Surrey County Asylum at Wandsworth, were appointed respectively superintendent and deputy superintendent. Upon Dr. Meyer's lamented death in 1870 Dr. Orange was promoted by the Secretary of State to the vacant superintendentship. The success of his administration of this anxious and responsible post is too well known, both in this and other countries, to require notice in these columns. In 1882 Dr. Orange was unfortunate enough, while in the discharge of his duties, to be assaulted by one of the inmates (the Rev. H. J. Dodwell, who some years ago was found insane by a jury when tried for firing a pistol at the late Master of the Rolls). He received a severe blow on the head with a stone slung in a handkerchief, and we much regret to learn that the effects of this blow have necessitated the retirement of Dr. Orange from a post in which he has most efficiently administered a grave and responsible public trust. In the hope that the step might enable him to carry on his work at Broadmoor, Dr. Orange was last year, at his own request, relieved of the trying duties devolving on him as one of the advisers of the Home Office authorities in cases where capital crimes had been committed, and where the question of insanity arose. It is in this relation that the general public have to be especially grateful to Dr. Orange, for, with an exceptional experience on the subject, his scientific penetration, his sound judgment, and his shrewd common sense never failed to secure universal approval for his decisions on these momentous issues. The public will hear with satisfaction that Her Majesty the Queen has been pleased to decorate Dr. Orange with the Civil Companionship of the Order of the Bath in recognition of his eminent services. On the evening of the 31st ult. the officers and staff of Broadmoor Asylum presented him with a handsome silver salver "as a parting token of their personal esteem, and in grateful appreciation of his many acts of kindness." We congratulate Dr. Orange upon the successful results of his labours in the public service; he carries with him into his retirement our best wishes and those of the whole profession; and we trust that prolonged rest and freedom from official anxiety and strain will very largely, if not altogether, restore him to health.

A YACHTING HOLIDAY.

A WANT which must have been felt by many summer residents at the coast appears to have been met by the enterprise of Major Colwell of Portsmouth. This gentleman, we are informed, proposes to take on board of his fine yacht, the *Erminia*, a limited number of ladies and gentlemen at a moderate daily cost. The idea is not quite a new one, having already found practical expression in the voyages undertaken by the *Ceylon* and various coasting steam yachts. In the present instance, however, a salutary variation has been introduced by the employment of a sailing vessel for the same purpose. The example set will not, we hope, lack imitation. We have repeatedly spoken of the benefit which may

be derived from a holiday spent, not at the seaboard merely, but upon the sea. For men in fair general health, but fatigued with the cares of business or professional life, the combination of rest of mind and body with the freshest of pure air is a very happy one. The same might be said of convalescents from illness, who require only a bracing atmosphere to restore their general tone. Many invalided men from abroad would profit by the same wholesome exposure. It is understood, of course, that in each case the would-be sailor is jaded rather than ill, and is not peculiarly subject to sea-sickness. Under such conditions we do not doubt that he would equally gain in pleasure and in profit by the refreshing leisure of a yachting voyage.

PREVENTIVE INOCULATION IN YELLOW FEVER.

THE subject of inoculation for yellow fever, as practised by Dr. Domingos Freire, of Rio de Janeiro, was brought under the notice of the Société de Biologie of Paris at its last meeting. M. Rebourgeon communicated the results obtained by himself and Dr. Freire in December, 1885, and January and February, 1886. The weather during these months in Brazil was intensely hot, and yellow fever prevailed severely. Of 3051 subjects inoculated at Rio not one had died, whereas in the same districts and houses 278 non-vaccinated had succumbed to the disease. The number of the inoculated has now reached 6000, and not one of them has been attacked with the fever; and, what is more remarkable, severe cases inoculated in the second stage of the disease had all recovered. In reply to M. Brown-Séquard, M. Rebourgeon said that but few foreigners were inoculated, but yellow fever is at the present time creating great ravages among the Brazilians and mulattoes; the negroes even are being largely attacked, which is a rare occurrence; and the area of the disease was extending inland from the littoral. He explained that some specimens of virus sent two years ago to M. Cornil, and found by him to be worthless, had not been sent by Dr. Freire, but by opponents to his method. He had often inoculated himself, and was so convinced of the efficacy of the attenuated virus that he had frequently offered to undergo inoculation with the yellow fever itself. He presented a specimen of the vaccine to the Society for examination. In reply to M. Maurel, he said that he had met with yellow fever at an altitude of more than 700 metres, and had seen many cases among emancipated negroes, although less than among mulattoes, who were attacked in about the same proportion as the whites. M. Maurel attributed the former immunity of negroes to their vegetable diet, but since emancipation negroes had largely adopted the customs of the whites and consumed more animal food. A commission to study the method of inoculation was appointed, consisting of MM. Brown-Séquard, Cornil, Duval, Bourquelot, and Maurel.

ADULTERATION IN PARIS.

THE Paris Municipal Laboratory has recently done some good work, both from an economic and sanitary point of view. The adulteration of olive oil with American cotton oil has been practised to so large an extent that the public revenue and health are seriously affected. Olive oil is not only dearer in itself, but pays an entrance due of 16*s.* more per 100 kilogrammes than cotton oil. The result is that the falling off in the purchase of olive oil has considerably impoverished the French olive-tree cultivators. The public, however, consumes unknowingly the cheaper and less wholesome article. The olive stones are pulverised and mixed with pepper to an extent which causes an annual loss to the French treasury of £200,000, while bad coffee is dyed in Holland to give it a good appearance. Again, a tapioca called "tapioca indigéne" is sold and largely used as infant food, though it is made with potato, and is therefore not as nutritious nor as easily digested as the genuine article. Such are some of the grievances resulting from unscrupulous and unrestrained competition which the chemical laboratory established by the Paris Municipal Council has brought prominently forward. A special commission has been appointed to inquire into the matter, and hopes are entertained that active measures will be adopted.

VAGRANCY.

WE have repeatedly drawn attention to the very unsatisfactory rules and regulations in force with regard to the control of those numerous and ever-shifting items of our population known as vagrants. How numerous this class is may be shown by the fact that during the first eighteen weeks of the current year 2374 persons passed through the vagrant wards of the York Workhouse. This considerable population is always on the move, pushed on from the casual ward of one workhouse to the casual ward of another; often finding the greatest difficulty in obtaining a day's rest or the liberty of seeing the medical officer if ill. Mr. S. W. North, medical officer of health, in an interesting and valuable report recently read before the York Board of Guardians, speaks strongly on this point and of the obstacles that sick vagrants meet with in obtaining admission to any workhouse. Cases of acute ophthalmia needing early treatment often occurred, yet, never seen by the medical officer, they were pushed on by the master and other officials as only suffering from "a little cold"; cases are mentioned of severe ulceration of the legs, inflamed and sometimes gangrenous; chronic bronchitis and asthma, from which the persons must have suffered considerable distress; whilst instances of persons simply worn out by exposure, long travel, and want of sufficient food are common enough—all manifestly requiring medical relief, and all, unless the case seemed likely to prove immediately fatal, or the disease was manifestly infectious, sent tramping the next morning. Some boards seem more humane than others; but when this is the case, they suffer the usual penalty by attracting from all quarters the halt, the maimed, the sick, and the blind who have been ruthlessly rejected by their neighbours. To do away with the present scandal, Mr. North proposes that the Local Government Board should at once furnish the various workhouse boards and their officers with information with respect to the treatment of vagrants, and state plainly whether, in accordance with the Act, it is or is not the duty of the master of the workhouse, &c., to allow any vagrant alleging he is sick to see the medical officer, and also whether the medical officer can direct the admission from the casual ward into the workhouse of all persons who, in his opinion, after examination, cannot travel without risking an aggravation of the disorder or danger to life. Mr. North is of opinion that the Act 30 and 31 Vict. does apply to these cases; but it is of importance that the interpretation of the Act should not be left in doubt. If the vagrant is to receive no medical assistance, the sooner he is told so the better; he will not then waste valuable time by seeking relief in that quarter, but will turn to private charity. If the vagrant, by 30 and 31 Vict., is really entitled to admission from the casual wards to the workhouse, when it can be shown that he cannot further travel without aggravating his disease or endangering his life, then many masters of workhouses have broken the law by compelling vagrants to push on when utterly unfit to do so. In justice to the ratepayers, moreover, uniformity should be enforced; it is hard on a town, whose board adopts a liberal interpretation of the Act, to pay for the shortcoming of neighbouring towns whose boards are less humane. Either the Act

allows relief to vagrants or it does not; if it does, then all should bear the burden equally; if it does not, then steps ought to be taken to enforce a uniform rule for the relief and maintenance of sick vagrants.

HONOURS TO THE DENTAL PROFESSION.

THE announcement that the Queen has been graciously pleased to confer the honour of knighthood on Mr. John Tomes will be received with great satisfaction, not only by the dental section but by all branches of the profession. Sir John Tomes, who comes of an old Gloucestershire family, was apprenticed to a general practitioner at Evesham, and afterwards entered as a student at King's College and Middlesex Hospitals, at the latter of which he was house-surgeon for two years, and by his energy and scientific attainments won the esteem and sincere friendship of Sir Thomas Watson, Messrs. Henry Arnott and Campbell De Morgan, a friendship which only terminated with their lives; and it was chiefly by the advice of Sir Thomas Watson that he turned his attention to dental surgery. For some years he devoted a considerable portion of his time to the compilation of numerous papers on Dental Surgery and Dental Comparative Anatomy, and in recognition of his original researches was elected a Fellow of the Royal Society in 1852. To Sir John Tomes is due the gratitude of the dental profession for having prevailed upon the Council of the Royal College of Surgeons to apply for a charter to enable them to grant a licence in Dental Surgery, and in this he was greatly assisted by his friends Arnott, Lawrence, and Green, who were then members of the Council. Sir John Tomes was one of the first examiners in connexion with the new licence, and also on the original staff of the Dental Hospital, London, which he largely helped to found. In 1862 he was presented with a testimonial, consisting of a silver tea and coffee service, by his brother practitioners, "in acknowledgment of the many valuable services he has rendered to his profession." Some ten years ago, after a severe illness, he began to relinquish practice, and ultimately gave up altogether, but only to work all the harder for the interests of his profession. He was one of the most powerful promoters of the Dentists Act, which he always looked upon as a natural sequel of the granting of a diploma by the College. In 1883 the honour of the Fellowship of the Royal College of Surgeons was conferred upon him at the same time as it was upon Professor Huxley.

TARTAR.

THE situations upon which deposits of tartar are found upon the teeth are, in order of frequency, the lingual aspect of the inferior incisors—that is, opposite the openings of the ducts of the submaxillary and sublingual glands, the buccal surfaces of the upper molars which face the orifices of Steno's duct, next the buccal surface of the lower molars, and sometimes the lingual surface of the molars of both jaws. The deposit is never found upon the lingual aspect of the upper incisors, which are not bathed with saliva, and, moreover, are constantly being swept by the tongue. It is capable of being formed in great abundance, especially when from any cause, such as a carious tooth, one side of the mouth only is used for mastication. Tartar is composed chiefly of earthy phosphates and carbonates, with which is mingled a certain proportion of organic matter, epithelial scales, fatty particles, filiform fungi, vibrios, and monas. The relative proportion of phosphates or carbonates varies very considerably in different analyses, and this is due to the material being taken from different parts of the mouth. Thus, if from the buccal surface of an upper molar, it will be richest in carbonates, like the parotid saliva; whereas, when taken from the back of the lower incisors, it contains an excess of phosphates. Tartar is simply a deposition by precipitation of the salts held in solution in the saliva, which is brought about by its contact with air or mucus. The quantity of tartar varies largely in different subjects, for some salivas contain a small proportion of salts, and therefore the deposit is small; also if the precipitate meets with an acid—such as is so frequently found round the necks of the teeth and due to fermentation—sufficient to neutralise it, it will be redissolved. Thus the presence or absence of tartar has a clinical significance. If it is very abundant, it indicates an alkaline reaction both of the saliva and of the parts around the teeth, and a consequent immunity from caries; but if allowed to accumulate, it produces gingivitis by simple traumatic irritation. In some very rare cases it is entirely absent, owing to an acid reaction in the mouth, which leads to the most disastrous ravages upon the teeth. Between these two extremes there is every mean. The gingivitis due to tartar varies according to the quantity deposited; in a mild case there will be merely a line of redness along the free border of the gum; in a more severe case the roots of the teeth will be stripped of gum and its place taken by tartar; the gum will be festooned, have a fungating appearance, and bleed at the slightest touch; the teeth will loosen and change their position, owing to the inflammation having extended to the alveolo-dental membrane and the absorption of the alveolus. The treatment consists essentially in a vigorous use of the tooth-brush and the periodical removal of the incrustation. Any tooth-powder or preparation which will remove it must be acid, and therefore very deleterious to the teeth themselves. Mr. Bland Sutton has found accumulations of tartar upon the teeth of monkeys, kangaroos, and lemurs at the Gardens of the Zoological Society, where it is an occasional cause of death from septic pneumonia. These deposits are almost invariably found in association with a carious tooth or necrosed bone.

THE HYDROPHOBIA COMMISSION.

THE Commission are prosecuting their inquiries respecting the success of M. Pasteur's method. We understand that clinical reports of all the cases as they occur are supplied to the Commissioners from Paris. Whatever may be their verdict on the value of M. Pasteur's preventive treatment in the case of patients who have been bitten by presumably rabid dogs, there can be no doubt that our best and most reliable precautions against hydrophobia lie in the police regulations at present adopted in the metropolis. These regulations should be put in force throughout the kingdom. If this were done, and, as suggested by a sporting contemporary, a tax treble the ordinary amount imposed (and rigorously enforced) on female dogs, there would probably be no need for the employment of M. Pasteur's method in this country. We believe that of those bitten by reputed mad dogs only from 5 to 15 per cent. are subsequently attacked with hydrophobia.

REMARKABLE LONGEVITY.

A CORRESPONDENT of a contemporary states that he has just conducted an insurance upon the life of a man aged 102 years. This centenarian enjoys good health and appears to be in the possession of his faculties. He states that his father lived to the age of 110, and met his death from an injury due to the breaking of a mill-stone. His grandfather was, he asserts, accidentally killed in his mill at the age of 126. His great-grandfather lived to the age of 133. The man in question distinctly remembers his great-grandfather, and has now living a great-great-niece, so that he has seen seven generations of his family. It would be very interesting to have these facts thoroughly investigated, and if possible established.

OUR DIPLOMAS AND THE MEDICAL COUNCIL.

THE diplomas of the Royal Colleges of England are still in far greater demand than those of any other bodies in the kingdom. The latest table on this question contained in the Agenda of the Medical Council is interesting, especially at present, when there seems so much jealousy between rival bodies. The number of men passed by the Royal College of Surgeons of England is more than double that passed by any other medical authority in the kingdom. The Royal College of Physicians of London in this respect comes next. The College of Surgeons passed last year in the Final Membership Examination 561 candidates; the College of Physicians in the Final Examination for the licence 242, a number exceeding that of the Apothecaries' Society by 7. The great rival of the English Colleges, the Edinburgh University, confers its degree on little more than one-third of the number—viz., 196; Aberdeen University on 68; Glasgow University on 115. The Royal Colleges of Physicians and Surgeons of Edinburgh passed 91 gentlemen at its Final Examination. The King and Queen's College of Physicians gave its licence to 142. The University of Dublin bestowed its degree on 24. The Royal University of Ireland gave its M.B. to 76, and its M.C. to 58. The University of Cambridge passed in its Final Examination 26. The numbers passed in all the Final Examinations of the kingdom were—in the Division of England 1266, with 806 rejections; in that of Scotland 655, with 335 rejections; in that of Ireland 539, with 222 rejections. These tables are worthy of more attention than they generally receive from the Medical Council.

INSANITY AND CRIME.

THAT the criminal in general and the confirmed criminal in particular is mentally unsound may be as hazardous a doctrine as jurists are apt to call it, but it is one of which the French alienists have been most strenuous vindicators—in proportion, too, as their practice has favoured their cognisance of crime. Of these the ablest was certainly Dr. Legrand du Saulle, whose death we noticed on the 15th. He was already an accomplished physician, especially in mental disease, when he became Médecin en chef du Depôt—that parade-ground, so to speak, on which every morning the criminals of Paris are passed in review. Knowing exactly with what offence they were charged, and familiar enough with the law to appreciate the magistrate's view of their several cases, he never hesitated to apply to them the sifting process of which only the alienist is master. Hysteria in its protean forms, hallucination, mania in all its phases—he knew them not only in their mental and physical signs but in their characteristic acts; and the wretched creature whom a rough-and-ready police system would have relegated to prison with all its contaminating horrors, he would see occasion to put *en observation*, with the result of showing that the offence with which he was charged was as non-voluntary as if done in a dream, and that with the removal of the deranging cause a worthy life might be restored to itself and to society. As one by one the arrested of the previous night were brought before him, his keen scrutiny, aided by a centripetal question, would separate the calculating criminal from the unconscious one, and he would consign them to their several destinations accordingly. "What took you to the Place Vendôme, barefooted and bareheaded?" he would ask of a scared-looking female with the makings in her of a Madge Wildfire. "It is a case of *mania errabunda*," he would remark *sotto voce* to a professional bystander, and the poor night-walker is saved from the prison and is put *en observation*"—to thank, four years after, Dr. Legrand du Saulle himself, who recognises in her an honest *bourgeoise*, married and mother of a family. His experience was rich in such surprises, as indeed is not to be marvelled at when the average number of so-called criminal cases that passed under his scrutiny was 2500 a year. During the terrible weeks of the Commune, when every wayward impulse which a disorganised society could prompt enjoyed congenial opportunity, his work was aggravated and multiplied to an extent that put his resources of mind and body to the severest trial; but he survived it all, to earn the gratitude of many a saved life and of many a career unmarred. He wrote much, but, though far from averse to the refinements of classification, which seem so unreal to the "plain-man view," he was very careful to lay down no rules for the guidance of other physicians in circumstances similar to his own. Indeed, it is doubtful whether he could have succeeded in such a task if he had tried, for his power of diagnosis was as distinctly a gift as that of the born poet or the artist. He lived and worked, however, to secure this advantage for his profession—a far more respectful hearing in courts of law than had previously been accorded to the "medical witness."

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

WE may remind our readers that the election of new members to serve on the Council of the College will take place on Thursday, July 1st. The nomination papers, however, must be sent in to the Secretary at the College, duly filled in, not later than Monday next, June 7th. There will be four vacancies; three by lapse of time, and one in consequence of the death of Mr. Cooper Forster. Of the retiring Councillors, one (Mr. Allingham) we believe will not offer himself for re-election. The other two, Mr. Lund and Mr. Berkeley Hill, have signified their intention of seeking re-election. Under these circumstances, there will be two absolute vacancies. It is much to be wished that candidates will be selected, not on account of mere seniority or professional success, but rather on account of their special knowledge of College matters and their fitness to grapple with the political problems that have been agitating the Council for some years past.

MYSTERIOUS DEATH AT HACKNEY.

THE adjourned inquiry into the cause of death of Katherine Martha Huntley, aged twenty, was held at the Mermaid public-house, Mare-street, Hackney, on May 27th. From the evidence given on a former occasion it appears that deceased, a single woman, was living up to the time of her death as the wife of her employer under the name of "Mrs. Taylor," that she was five or six months advanced in pregnancy, and that, apart from the result of the post-mortem examination, there was nothing to throw any light on the cause of death. The symptoms were said to be "not inconsistent with the presence of an irritant poison." Dr. Tidy was commissioned to analyse the stomach and its contents. This gentleman obtained an alcoholic extract of a yellowish colour, which coincided, as did also the solid material found in the stomach, with the extracts from Keating's vermin powder. Dr. Tidy was of opinion that a quantity of this powder had been taken shortly before death. Experiments made on some rabbits gave negative results; in fact, one rabbit took as much as three ounces. It was found impossible to get dogs to take the powder. Our standard text-books on forensic medicine do not state what is the destructive element in Keating's vermin powder, but it can scarcely be a very potent one when a rabbit can take three ounces with impunity. We do not for one moment question the accuracy of Dr. Tidy's analysis and observations, but, to say the least, we think the inference that deceased had taken the powder was scarcely warranted by the facts stated in the report of the inquest, seeing that the active principle of the powder had

such few physical, chemical, and physiological properties by which it could be recognised. The stomach of deceased showed "signs of inflammation not uniformly spread over it, but in dark lines and patches." These signs, however, were far from showing that an irritant poison had been taken, since they may be produced by natural causes, such as typhoid fever, severe vomiting, &c. The coroner, in his summing-up, remarked, "such a heart as deceased had might bring about death at any time." Wisely as we think, the jury returned an open verdict without comment. In the newspaper report of the inquest we see no mention of the condition of the urine. This is important, for, in the absence of proof to the contrary, it seems by no means improbable that deceased may have succumbed to the effects of the albuminuria of pregnancy or of acetonæmia. The case as it stands remains as the jury left it—an open question.

CHOLERA INTELLIGENCE.

As we anticipated last week, the cessation of the daily bulletin of cholera cases and deaths in Italy by no means implied that the disease had ceased. It probably meant nothing more than that the Italian Government were anxious to avoid the imposition of measures of quarantine upon their vessels by foreign countries, and the silence was maintained only so long as the news did not find its way out by other channels. But on May 26th news came *vid* Austria to the effect that at Udine on the Austrian frontier, and at the junction of two lines of railway to Venice, two deaths from cholera had taken place on the previous day. This was by no means the first proof which had been obtained, by an extension of the disease inland, that cholera was still prevalent at Venice. Following on this announcement, news as to cholera in that city has been resumed through Italian sources, and intelligence received from Rome to the effect that between May 27th and June 1st fatal attacks varying from twelve to twenty-one in number have occurred day by day, the whole number between those dates amounting to eighty-nine. There is still a cessation of news as regards the province of Brindisi and the town of Bari, where cholera was admitted to have held its ground up to the middle of the last month. Viewing all the circumstances, it is impossible not to regard the advent of July weather with grave misgivings in so far as European cholera is concerned.

GUARDIANS AND MEDICAL OFFICERS.

ONE of the chief wants in London is public opinion. The proceedings of local authorities are reported in the briefest way in local journals, which do not as a rule circulate outside the sphere of those who administer local affairs; hence nothing is often heard of their doings until some act of injustice is perpetrated and the public have been deprived of the services of a useful officer. The parish of St. Pancras has always been exceptionally unfortunate in this respect, and recent events have shown the need for greater watchfulness over its treatment of its medical officers. The independent performance of duty is not understood by the body constituting the chief local authority, and as a result, on more than one occasion, the officer has declined to submit to the intolerable persecution to which he is subjected, and has resigned his appointment. The board of guardians of the poor is, however, in some degree differently constituted; but, nevertheless, they appear unable to divest themselves of the tradition of the parish for which it has earned an unfortunate notoriety; for even those upon the board from whom, from their social position, other conduct might be expected, appear unable to refrain from adopting a method of annoying an exceptionally able officer. We read in a local newspaper which we have received that the St. Pancras guardians have adopted a recommendation of their Schools Visiting Committee calling upon Mr. Adams Clarke, the medical officer of their Leavesden schools, "to remove every case of infectious or contagious disease found in either of the quarantine houses to one of the infirmaries immediately such case is detected; and also that the medical officer be urged to be most careful not to discharge cases of contagious disease from the infirmary before being cured." The resolution, standing as it does without any expression of opinion that this officer has failed to observe so obvious and ordinary a duty, is calculated to make the guardians appear ridiculous, and Mr. Adams Clarke, who has taken much pains to promote school hygiene, and who, as a member of the Council of the Society of Medical Officers of Schools, is deservedly known as an earnest worker in the field of school health, can well afford to pass by silently this sterile record. But the treatment of medical officers in St. Pancras has come to be matter of serious public concern, and especial interest will be felt in this subject for the reason that a perusal of the local newspaper leads to the conclusion that two members of Mr. Clarke's own profession have agreed with the guardians in adopting a resolution which could have been only justified had there been a failure in duty on the part of that gentleman.

ENCOURAGEMENT OF PHARMACEUTICAL RESEARCH.

MR. THOMAS CHRISTY, in a paper on "New Commercial Plants and Drugs," laments the fact that Germany and the United States are so much more advanced and active in pharmaceutical investigation than we are, and appeals to scientific men amongst us, and especially to the authorities in our new technical schools in South Kensington and elsewhere, to give their help in the removal of this reproach With our colonial empire the material is practically boundless, and it is nothing less than disgraceful that we should have to forward a plant sent newly to England to Germany to have its uses and properties ascertained. We would appeal to the Medical Council, with its accumulating funds and its great influence and responsibility as the source of the British Pharmacopœia, to aid in this matter. There is a commercial side, too, to this question, of great importance to England in these times, when new industries are wanted.

KING'S COLLEGE HOSPITAL.

THE festival dinner of this hospital was held in the hall of the Benchers of Lincoln's-inn on June 1st, under the presidency of Lord Halsbury, and the donations at the dinner and from the special appeal amounted to nearly £3400. One of the most interesting features at the dinner was the speech of His Eminence Cardinal Manning, who, in referring to the great increase of hospitals in London during this century on the voluntary system, remarked on the kindness which his poor co-religionists always met with, not only in King's College Hospital, but in all the large London hospitals. Surely no better testimony could be obtained with regard to the absence of sectarianism in these institutions.

AMERICAN PUBLIC HEALTH ASSOCIATION.

IN our last issue Dr. Saunders, one of the secretaries of the Society of Medical Officers of Health, called the attention of our readers to a meeting of the American Public Health Association, which will be held at Toronto in the early part of October of the present year. The Executive Committee have arranged an attractive programme, embracing the disposal of refuse matters, water-supply, school hygiene, epidemic disease, and the planning of dwelling-houses. There is no doubt the meeting will be

largely attended by medical practitioners on the American Continent, and the facilities which are offered to their European brethren for visiting Canada at very small cost should tempt those among us who are interested in public health questions, to exchange views with those who have considered hygienic problems under conditions different from those of England, and to enjoy the pleasant holiday which is promised them. The arrangements have evidently been made in the most generous spirit, and English practitioners will do well not to lose so good an opportunity of making themselves acquainted with the far West. Those members of the profession in England who have been so fortunate as to become familiar with the admirable work of their American *confrères* will be glad to learn that the names of Dr. John S. Billings and Dr. Ezra M. Hunt appear on the Executive Committee of the Association.

BELFAST MEDICAL SCHOOL.

ON the 26th ult. an enthusiastic meeting of the students of the Belfast Medical School was held in one of the lecture rooms of the Queen's College to hear a report from a deputation which, as stated in our last issue, had laid their grievances before the Senate of the Royal University of Ireland on the 25th ult. Dr. O'Neill reported the courtesy and kindness with which the deputation had been received by the officials of the Senate, and an association of medical students was formed, the objects of which were stated to be the careful consideration and remedy at the College, hospital, and university examinations of every just grievance of the members. The reply of the Senate to the claim for further representation of Belfast graduates as examiners is awaited with interest. It is to be hoped that the Senate will impartially inquire into the matters complained of, and, whilst refusing to be intimidated, will, in a just spirit, consider and remedy any abuses which exist in their system of medical examination.

SEWER GAS IN PARLIAMENT.

IT is a grim satire on the fatuity of the policy which finds favour in high places that the British houses of parliament should be condemned, as they now are, for their insanitary condition owing to defective drainage. It is abundantly evident that nothing short of a complete reconstruction of the drainage system will be effective. We would urge that the question of drainage and ventilation for the Palace at Westminster should be considered together and *de novo*. It will be less costly and incomparably better on all accounts to make a thorough change at once. The whole existing arrangement is bad and has been so for years. The committee-rooms and offices are, many of them, in a deplorable condition, and as yet the truth is very imperfectly known, and still less well understood.

"AN ERRING FELLOW."

AT the last meeting of the Faculty of Physicians and Surgeons of Glasgow, the conduct of a Fellow, in allowing his name to be attached to a much-advertised liniment, was seriously impeached. At the meeting referred to the Fellows were inclined to be lenient to their erring brother, and remitted the affair to the Council. The matter has now assumed a much graver aspect, and we are informed that the Council on June 7th will bring forward a report emphatically condemning his conduct from a professional point of view. A strong adverse feeling exists, yet we believe even at the eleventh hour justice would lean to mercy's side if the Fellow would acknowledge his mistake, and free himself and his name from any interest in the liniment.

THE EDUCATION OF DEAF-MUTES.

WE observe with satisfaction that the work of educating deaf and dumb children is being systematically carried on by the London School Board. Sixty per cent. of the children who are thus afflicted are now under tuition, and every effort is being made to classify the remainder in convenient groups. Necessarily, the centres of instruction are not yet numerous, but their number is increasing, and care is taken to distribute them over the metropolitan area. Three new classes are mentioned in the report just issued, at Drury-lane, Deptford, and Islington respectively. To second the efforts of the Board officials, time and trouble on the part of parents would be well spent in the endeavour to secure the attendance of any deaf-mute among their children at the nearest centre for this special form of instruction. The method followed is the oral or German. The merit of this system, we may remind our readers, consists in its teaching the mute whose defect is primarily an aural one to use his tongue in speaking and ultimately to read and write intelligently. He thus grows up a man deficient in hearing only, and able to exchange ideas with his fellow-men. A movement of this kind can hardly be expected to extend itself very rapidly. The disease is just rare enough to interfere materially with that concentration of the cases in districts which is so desirable. It may be expected, however, that the process of development, once begun, will not fail to go on, both in London and the country at large.

HOSPITAL MISSION WEEK.

THE scheme of holding six meetings in six separate districts of the metropolis on the six days preceding Hospital Sunday is gradually taking shape, though the particulars are not yet sufficiently determined for publication. Some good advocates have been already retained, including Sir Andrew Clark, the Earl of Dartmouth, Sir William Mac Cormac, the Right Hon. W. H. Smith, Sir Algernon Borthwick, M.P., Lord Northbrook, Sir Henry Holland, the Duke of Westminster, K.G., Mr. Murdoch, M.P., the Duke of Cambridge, and Lord Salisbury. The political crisis should only enhance the interest of such a week by drawing men of all classes and creeds together for the high purposes of human help to the sick poor.

AUSCULTATION OF THE EYEBALL.

M. GENÉ has recently described to the Biological Society of Paris a new method of estimating the tension of the eyeball, This consists in auscultating the organ by means of M. d'Arsonval's telephone. The instrument is applied to the globe, and a sound, such as that of the interrupter of a faradisation instrument, made to pass: the differences of degree and intensity of the sound as perceived by the observer afford a valuable and accurate means of diagnosis. M. Gené's experiments being as yet somewhat incomplete, he hopes at some future time to lay the subject before the Society in greater detail.

A FIREMAN'S DUTY.

THE recent case in which the absence of a fire-escape man from his post is alleged to have been the cause of loss of life has attracted attention to the need of reform in respect to the "duty" of firemen generally. There can be no question that the Metropolitan Brigade is sadly undermanned; and to this we owe the fact that firemen are practically never "off duty," except when they have special leave of absence. This is a most regrettable state of matters, but the remedy is very simple: expend a little more money on the Brigade, and Captain Shaw will soon know how to secure and train a larger number of men.

MILITARY MEDICAL SERVICE IN SPAIN.

THE Spanish Government, having recently established a military medical academy, through which all military medical officers will as a rule have to pass, has just issued a long programme of regulations regarding the admission of candidates to this academy. It is open, of course, only to Spanish subjects, who must be licentiates or doctors of medicine of a Spanish university, under twenty-eight years of age, and of good character and physical constitution. The selection will be made by open competition, consisting of four examinations or exercises. The first takes the form of an extempore dissertation in writing, limited to four hours, on a subject connected with pathology, therapeutics, hygiene, or forensic medicine, drawn by lot out of an urn; the second exercise is entirely clinical, and consists in the examination of a patient, also drawn by lot by the candidates. The third is *vivâ voce*, and the fourth an operation on the dead body.

LEICESTER PROTECTED BY VACCINATION.

ONE of our Commissioners has been to Leicester to ascertain for himself if that town is really so independent of vaccination for its immunity from small-pox as some might think from what they read of the neglect of the vaccination laws by the sanitary authorities. All who are interested in vaccination, either in its scientific or sanitary aspects, will do well to read what he says. He does full justice to the sanitary arrangements of Leicester. But he shows that the first line of defence again the horrible disease there, as everywhere else, is vaccination and revaccination. The medical officer of health is revaccinated; so are the sanitary inspectors; so are the nurses of the Infectious Hospital. Without such use of the beneficent operation so much decried by the Leicester authorities all their officers would be disabled, and all their boasted arrangements mocked. After this it may be hoped that these authorities will speak a little more gratefully of vaccination.

A MISSION TO THIBET.

A MISSION is shortly to be despatched to Thibet for the purpose of establishing friendly commercial relations between that country and India. The mission leaves Bengal for Lhasa, the capital of Thibet, about the end of May or the beginning of June, and Mr. Colman Macaulay will go as political officer in charge. Dr. A. Leahy, of the Indian Army, will also accompany it as medical officer. This expedition should be fraught with the greatest interest, as the country to which it goes is almost unknown. In 1811 a gentleman named Manning, after learning to speak Chinese in Canton, visited Lhasa disguised as a Chinaman, but neither before nor since that time has any Englishman ever set foot within the walls of the holy city of the Dalai Lama.

OPHTHALMIC OPERATIONS AND TETANUS.

DR. D. JUAN SANTOS FERNANDOS, of Havana, gives in the *Crónica Médico-Quirúrgica* an account of a fatal case of tetanus following the extirpation of the eyeball for atrophy following the removal of a sarcomatous tumour from the orbit. In commenting upon it, he remarks that the only four other cases of tetanus following ophthalmic operations which he has been able to find in medical literature all proved fatal, which tends to show that though tetanus rarely follows such operations, it is particularly dangerous when it does supervene. In none of the cases was the operation intraocular merely, such as cataract extraction or iridectomy, a class of operation which Dr. Fernandos believes never to have been followed by tetanus.

CLUBS FOR YOUNG WORKWOMEN.

IN accordance with the universal conviction that work, if it is to be hearty, effective, healthy, and successful, as it should be, must give place at times to recreation as well as rest, a movement exists for the establishment of clubs for young workwomen. The promoters of the scheme appear to appreciate very fairly the requirements of their case. They recognise the fact that idleness is not profitable, as a rule, even in leisure time; that diversion of energy, mental and physical, albeit a light diversion, is an essential part of recreation, and that such diversion must vary in particulars to suit varieties of temperament and habit. Books, magazines, music, round games, have all their advantages, and these come naturally to form a part of the plan. In order to be of real benefit, they must, as Mrs. Fawcett aptly observes, be of the best. We may be allowed, as taking a professional interest in the subject, to suggest that space should be a prominent object in the selection of rooms for this purpose, and that ventilation by the outer air be insisted on. Bright fires and brilliant gas are useful adjuncts to such an establishment. At the same time they must not be over-done, so as to impoverish the atmosphere. It is also worth remembering that a club does not necessarily lose its utility in summer, though the time at which in-door occupations are most suitable may be somewhat postponed. The effect of personal influence is an important factor in the success of such institutions. In no case need the fruit of good intentions and efforts be at once expected, but there is very little doubt that if some energy and tact be devoted to the work, or, as we may say, invested in it, the result will repay the trouble taken.

A CONVENT TURNED INTO A HOSPITAL.

A CHARITABLY disposed Mexican lady having left a large sum of money for the purpose of building a hospital, her executors have obtained an old convent in Regina and fitted it out magnificently, according to their lights, for the reception of patients. Though there is plenty of luxurious display, the arrangement of the wards is, as might be expected, far from conducive to isolation or good ventilation. For this no provision has been made, the air having to enter and pass out as best it can. The drainage, too, is very unsatisfactory. Altogether it is a great pity, according to *La Voz de Hippocrates*, that a building of less pretentious appearance, but of better hygienic construction, was not erected with the deceased lady's wealth.

CLUB-FOOT.

PROFESSOR VERNEUIL lately cured a severe case of club-foot by removing the scaphoid, cuboid, astragalus, and a part of the os calcis; the vast gap notwithstanding, the child recovered perfectly and was able to walk very fairly. An open dressing with iodoform was employed.

FOREIGN APPOINTMENTS.

THE University of Havana has elected Professor Dr. D. José Maria Carbonell y Ruiz as Senator. M. Jourdan has been appointed Professor of Histology in Marseilles. Dr. Stintzing of Munich has been appointed Extraordinary Professor of Children's Diseases in Berlin.

CARPET-BEATING IN SUBURBAN GARDENS.

THE beating of carpets in suburban gardens, and, we may add, in the back-yards and courts of houses generally, is a great nuisance. The noise is irritating to invalids especially, and to the multitude of sensitive folk

Moreover, it is not a sanitary process by any means, this accummulation of dirt in carpets, with periodical disseminations of the disgusting and perhaps noxious filth in the atmosphere. It would be wiser far to adopt measures for cleansing carpets in properly heated chambers than to scatter the dust they contain broadcast.

DR. D. NICOLSON has been appointed by the Home Secretary Medical Superintendent of Broadmoor State Lunatic Asylum, *vice* Dr. Orange, resigned. Dr. Nicolson has seen nearly twenty years' service under the Home Office, having been assistant-surgeon at Portland, Woking, and Millbank Prisons. He was transferred in 1876 from being senior medical officer of Portsmouth Prison to be Deputy Superintendent at Broadmoor.

A PAPER will be read by Dr. Thorne Thorne at the next meeting of the Epidemiological Society, at 8 P.M. on Wednesday, June 9th, on the Results of the International Sanitary Conference of Rome. The Society meet in the rooms of the Medical Society, Chandos-street.

THE death is announced of Dr. D. Francisco Ortega, Director of the Medical School of Mexico.

Pharmacology and Therapeutics.

SAVORY AND MOORE'S MEAT PEPTONE AND PEPTONISING PELLETS.

THE objection commonly made to all preparations of meat peptones is that they have a nauseous sickly taste. The difficulty has at last been overcome by Messrs. Savory and Moore, who have recently introduced a meat peptone which fulfils all the requirements of the sick-room. A small jar containing one ounce, when mixed with hot water, makes, without further addition or seasoning, a pint and a half of palatable and appetising soup. The peptonising pellets issued by the same firm are excellent, and will be found useful for predigesting milk.

MARTINDALE'S COCAINE PASTILS AND TABLETS.

Cocaine is of such value as a therapeutic agent, and is now so commonly employed in the treatment of a variety of different complaints, that pharmacists are naturally desirous of presenting it in as agreeable a form as possible for administration. Mr. Martindale sends us specimens of cocaine pastils, presumably made with a basis of glycerine and gelatine. They are attractive in appearance, and have little or no taste. They are recommended "for giving tone and flexibility to the vocal organs, and allaying irritation of the throat, trachea, and vocal cords." They are said also to be useful "for irritated conditions of the stomach, nervous depression, and distaste for food from various causes," and it is added that they are "specially adapted to the wants of singers and public speakers." They presumably contain one-twentieth of a grain in each, although, curiously enough, the strength is not stated on the label. Respecting the value of cocaine as a remedy for sea-sickness, there is still much difference of opinion; but Martindale's cocaine tablets undoubtedly form one of the most convenient methods of administering this remedy. Prescribers are indebted to Mr. Martindale for the energy he has displayed in preparing these pastils and tablets.

STATIC ELECTRICITY IN TABES DORSALIS.

Static electricity has been made use of in tabes dorsalis by Dr. Shurigin, who discusses the subject in the *Vrach*, and concludes that this form of treatment is beneficial if it is commenced before any visible atrophic and paralytic ymptoms have made their appearance.

BENZOYL-ECGONINE.

The physiological action of benzoyl-ecgonine has been studied by Mr. Ralph Stockman, who has communicated his results to the *Pharmaceutical Journal* of April 24th. The subcutaneous injection of from one-tenth to one-third of a grain caused slowly developed muscular stiffness, and the pupil gradually dilated. In from eighteen to twenty-four hours after the administration the reflex actions became greatly exaggerated, this increasing until the slightest irritation brought on tetanic spasms. This condition may last one or more days, and the frog ultimately recovers or dies of exhaustion. Division of the spinal cord at the medulla had no effect in hindering the appearance of convulsions after these had become established. With moderate doses the rapidity of the heart's action was increased; large doses caused great irregularity and arrest in diastole. No effect was observed on the vessels of the web. The sensory and motor nerves were unaffected. On striped muscle it acted as a poison like caffeine. A rabbit received twenty-four grains subcutaneously without apparent effect. Cats were more susceptible; twenty-four grains subcutaneously injected caused diarrhœa and vomiting, with dilated pupils, tetanic spasms, and death. The heart was in a relaxed condition, but the intestines were firmly contracted. Benzoyl-ecgonine appears, therefore, to be practically identical in its physiological action with caffeine, although there are some minor points of difference. The chief action of cocaine—paralysis of the sensory nerves—is absent; in fact, the relationship between the action of the two substances seems to be as profoundly altered by the subtraction of the methyl group (CH_3) as obtains in the analogous case of methyl-strychnine and strychnia.

IODOFORM AND NITRATE OF SILVER IN INDOLENT ULCERS.

Dr. Maethe, writing in the *Norwegian Medical Archives*, recommends a combined application of iodoform and nitrate of silver to indolent ulcers, fistulæ, and all badly healing granulating surfaces. He first applies a thin coating of powdered iodoform, and then cauterises with nitrate of silver, after which more iodoform is applied. There are formed in this way nitric acid, iodoform, and iodide of silver, and their nascent condition effects a great change in the conditions of tissue life. The advantages of this method of treating ulcers are that the action is purely local and that the cicatrisation of the surface is effected under an antiseptic covering.

OSMATE OF POTASSIUM.

Merck of Darmstadt has prepared the osmate of potassium to obviate the use of osmic acid, which is so irritating to the respiratory organs, and so hygroscopic. The *British and Colonial Druggist* is informed that an English firm has also manufactured the sodium and lithium salts. The potassium compound is said by Wildermuth to have proved beneficial in some cases of epilepsy, the daily dose being one dozen pills, each containing $\frac{1}{10}$th of a grain in combination or alternation with bromide of potassium. A 1 per cent. solution of the potassic osmate has also been recommended in the treatment of goitre, neuralgia, tumours, and other diseases.

PHARMACOPŒIAL OPIUM.

In an article published in the *Chemist and Druggist*, Mr. John Moss points out the variable quality of different opiums, that which contains 8 per cent. of morphine being sanctioned in the Pharmacopœia. It is also shown that Turkish opium, as well as the best grown in Smyrna and Asia Minor, generally yields from 12 to 15 per cent. Mr. Moss suggests that the morphine standard of opium should be raised from 13 to 15 per cent. in powdered opium, to encourage the production of high-class opium in Asia Minor, and permit the use of Turkey opium, which is not merely rich in morphine, but uniform in richness.

CHIONANTHUS VIRGINICA.

The root bark of the "snowdrop tree" or "fringe tree" of North America, an oleaceous shrub or small tree, has been found by Dr. Henning to be a useful aperient, cholagogue, diuretic, and alterative. A liquid extract is prepared and given in doses of one fluid drachm thrice or twice a day. In jaundice its value is said to be conspicuous; it is not a powerful hepatic stimulant, but it is of value in portal congestion.

GUY'S BIENNIAL DINNER will be held on July 2nd, not June 2nd, as stated in our last.

MEDICAL DEGREES FOR LONDON STUDENTS.

A SPECIAL general meeting of the Metropolitan Counties Branch of the British Medical Association was held at the Royal School of Mines on the 31st ult., Dr. Walter Dickson, President of the Branch, in the chair. The attendance was fairly numerous.

The CHAIRMAN, in opening the proceedings, recapitulated the steps taken by the Branch since its meeting on March 6th, 1885, to carry out the resolutions then passed. He said that upon the question of giving facilities to London students for medical degrees depended the future welfare and prosperity of London as a school of medicine; and he reminded the meeting that the question was raised in the Branch in 1879, in which year also Dr. Bristowe addressed a letter to the Chancellor of the University of London upon the need for reducing the stringency of the Matriculation and Preliminary Scientific Examinations. He referred to the origin of the Medical Faculty of the Edinburgh University by the united efforts of the Colleges of Physicians and Surgeons of that city to furnish the first professors, and spoke of the great impetus given to that faculty when Monro primus was appointed Professor of Anatomy in 1720. He also pointed out that as long ago as 1827 the proportion of English students graduating in the Medical Faculty of the University of Edinburgh was greater even than at present. But the unrivalled clinical opportunities of London demanded that it should take a foremost place in medical education.

Sir ANDREW CLARK, on rising to move the resolution, said that the question was a very grave one, that it was about to be taken up by the greatest Medical Association in the world, and that it would not, therefore, in the end fail to be carried. In the statistical report compiled by Dr. Gilbart Smith, and in Dr. Hickman's pamphlet, the subject was viewed so exhaustively as to leave little to be said. It is a fact that the number of medical students in London is steadily decreasing, whereas in other parts of the country they are increasing. Why do they leave London for Edinburgh? Is it because the teaching is better or living cheaper? No, everything leads to this result: that after their education they are examined by their teachers, and in the end get a degree which is far more profitable than a licence to practise. This is the grievance, and it is a just one. The curriculum is equal, the examination is equal, the age is equal; but the result is an unequal symbol of efficiency. In some senses it is a sentimental grievance, but not merely so, for it is also a real practical grievance, which affects medical men in England not only socially and materially, but even in their practice with their professional brethren, for the holder of a degree is held in higher estimation than the holder of the diplomas of the two Colleges. The grievance is widely and seriously felt, and to such an extent that parents and guardians send their children elsewhere than to London for their education. As there is no reason to believe that education in London is below that of Scotland, they had a right to claim that those who are trained here should obtain the symbol which should testify as much as if they had been educated in Glasgow or Edinburgh. It must not be forgotten that medicine is an art, and must be learned by observation and work in the hospital ward. There is no medical school in the world where there is such practical teaching and so much personal influence of the teacher upon the pupil as in London. There is no need to disparage Edinburgh; its success has rendered this impossible; there are at least 2000 medical students there, and how is it possible to teach them otherwise than by lectures? And how can any didactic teaching, however good, make a man a doctor? The University of London has done an enormous work in raising medical education and giving a dignity to medical degrees which they never had before; but it has committed one grave mistake in insisting upon a knowledge of moral philosophy at the M.D. examination and rejecting in this subject some of those who were best in medicine. He characterised this introduction of so vast a subject at the close of a medical curriculum as a sham and as offering a premium upon "cramming." They could not go to the University of London to remedy this grievance, but there was a prospect that the two Colleges of Physicians and Surgeons might unite and form a Teaching University, and thereby do a great service to society and the State. If rightly constituted, with the introduction of an examination in preliminary science and of a third practical examination at the close, a university would be formed which would not only be venerable in age and catholic in its constitution, but which would be able to give strength to the profession and fulfil better the work which is demanded of the Colleges. He had been struck with the paucity of the objections to this scheme. It had been said, what is the good of founding a new university when there is already one in London? But why, he asked in reply, is Scotland, with its 3,000,000 or 4,000,000, to have four universities, and London, with its 5,000,000, to have only one? Again, it was objected that students would be deprived of culture and refinement. But culture is innate; it is that in a man which enables him to see, beneath the common things with which he deals, all that is pure, just, true, and good. There is no need for a university to bring this out; and if he felt that the proposed scheme would deprive men of culture he would oppose it. Sir Andrew concluded by moving, "That negotiations with the University of London not having led to the desired result, this meeting recommends that the Royal College of Physicians of London and the Royal College of Surgeons of England be requested to endeavour to obtain power to grant degrees in Medicine."

Mr. JONATHAN HUTCHINSON seconded the resolution, and said that he had long ago advocated the union of the Colleges and the granting of one general title to all general practitioners. One of these objects had already been attained, and no one who took a broad view of the interests of the English profession could fail to support the other question. It was absurd that there should be such a difference in the matter of titles among men who are exactly equal as to their professional attainments; and the existence of these differences led to much heartburning and rivalry, as well as confusion in the public mind. If such common title were conferred, it had been said that it would be unjust to those who possess university degrees; but each degree-conferring body must stand on its own merits. Universities were originally local, and it is not consistent that men educated in London should be sent to graduate at John-o'-Groats because in mediæval times a university had been founded at John-o'-Groats. It was not at all unjust to existing universities to create a new one. The difficulty might be surmounted by asking, not for a degree but for a title, something which would not imply a "university education"; indeed, it is absurd that the Colleges should ask for powers to give a university degree upon a merely medical curriculum. But the title "Doctor of Medicine" was different from the degree M.D., and the conferring of such a title would work no injustice on the holders of degrees. If the title were granted to all who held the double qualification, there might be a little temporary injustice to those who had but one qualification; but, as a matter of fact, he had found that the senior practitioners were those who cared least for a change which was almost universally felt by the juniors as essential and necessary to success. The possession of a degree-granting monopoly by the universities had led to a degradation of the university curriculum; for in many of the most meritorious universities a man may at once proceed to professional studies with no further evidence of general education than the ability to pass his "little-go." The only restriction imposed by a university was that the student must go "into residence"; but this, instead of a good, becomes an evil when it takes a student from his clinical work in London just at the time when he will most profit by it. The examinations of the Colleges of Physicians and Surgeons are equal to those of the universities; many have the same examiners; and, since the number of examiners was greater in London, the risks of injustice to candidates were much lessened. He would not grant the title to all licentiates, but only to those who, a year after qualifying, should pass a purely practical examination, which need not be one whit stronger than the previous examination, whilst it would encourage men to keep at hospital work for another year.

Dr. PYE-SMITH, as a graduate of London University, thanked Sir A. Clark for his liberal mention of it, but asked whether it was correct to say that negotiations had failed with the University, which was at present engaged in considering questions of reform. It is important to distinguish between making an examination easier to pass and making it easier to take degrees. The examinations of the London University need not be diminished in severity, but it is quite possible to facilitate the taking of degrees—e.g., by making examinations more frequent, deviating from their

strict order and in other ways. So that it is not hopeless to render the degrees of the London University more accessible; but if any benefit is to be gained from the University the standard must not be lowered. He admitted the present grievance, but asked if from a certain date all students be admitted to the title of Doctor or the degree of M.D., would not great injustice be done to those who had taken their diplomas in the preceding years. If additions were made to the present College curriculum for intending graduates, the grievance would not be thoroughly remedied; and if, on the other hand, all London students were admitted it would make the degree equivalent to a minimum qualification. Again, if the London Colleges gained the power to grant degrees, the colleges in Edinburgh and elsewhere would obtain it also. For his own part, he felt that this university title, which is of no meaning, should be put an end to, and would be glad if the prefix "Dr." could be dropped by graduates. After all, the most important question is untouched by the resolution—he meant the status and education of London students. We are in want of university life in London. The prospect of founding a medical university is delusive; but it is possible for existing institutions to combine and form a real useful university, which should not simply exist to give degrees, but should widen and deepen the training of students and raise the tone of the profession.

Mr. MACNAMARA pointed out that it was not suggested that every student should be granted a degree, but that the anomaly should be rectified whereby in Scotland 86 per cent. of the medical students graduate, whereas in England only 12 per cent. do so. No one would dream of asking that powers should be granted to confer degrees upon minimum terms. The branch had sent two deputations to the University of London, but had had no response, and he would ask how much longer they were to wait for it. The scheme for founding a Teaching University did not touch this question. Our medical students find themselves practically shut out from degrees, or else they break off their career in London in order to go elsewhere to obtain them. He had not heard any reasonable objections to the right being given to the Colleges of Physicians and Surgeons; and if they could be got to unite for this purpose they might draw up a well-devised scheme to carry it into effect.

Dr. W. J. COLLINS pointed out that the University of London had already made reforms in the direction of the memorialists of last year. Two preliminary scientific examinations were now held annually; the scheme of Mr. Magnus, based on that of Lord Justice Fry, was in the direction of increasing the educational authorities in the Senate, and was now passing through Convocation; the subject of Moral Philosophy at the M.D. had been replaced by Mental Physiology. It seemed to him that the ideal sketched in the Report of the Branch Council last year was to reduce the London University to the plan of Edinburgh, in order to enable the majority of students to take medical degrees. The whole question was one of insufficient preliminary education, and he predicted that the natural tendency of this movement would be a downward one.

Dr. HABERSHON said that one would think, from the remarks of Drs. Pye-Smith and Collins, that it was contemplated to grant an insignificant degree, but this was not their object; on the contrary, it was hoped by this movement to raise the standard of education. The matriculation examination of the University of London embraced so many subjects and such difficult questions that it encouraged cram; for no matter how well a student succeeded in one subject, if he failed in one he was rejected in all. The Preliminary Scientific Examination also tended to make the London degree an exclusive one, and the changes made by the University did not meet this point. His late colleague, Dr. Mahomed, in order to obtain a degree which carried more weight with it than the one he already held, was obliged to travel to Cambridge every night in order to "keep terms," as if that would qualify him any the more for holding a degree for which he had a right. He did not think the examinations for the M.R.C.S. and L.R.C.P. were insignificant; they were equal to those of a University; and if a preliminary examination were introduced, not inferior to those of other Universities, their candidates might then justly demand a title not inferior to those obtained from a University. He fully endorsed what had been said of the value of clinical work in London, and would not urge anything which tended to lower the standard of professional education.

Dr. MOXON said that the arguments of Sir A. Clark had not been met. The fact was that the degrees of the University of London were too stiff to be obtained by the majority of students, and whatever changes might be made, there would never be anything done to lower the degree. He did not think Drs. Pye-Smith and Collins were in earnest in holding that if degrees are to be given on a large scale they must be given in the very lowest standard. He felt that in this vast metropolis, where many persons more or less distinguished practised and taught, they ought to have, not the smallest and most dwindling of medical courses, but the largest and most important. That lofty and honourable body, the University of London, must not refuse to allow others to do what it was unwilling or unable to effect.

Dr. WALTER SMITH, commenting upon the confusion that existed whether a title or a degree should be asked for from the Colleges, advocated the formation of a Teaching University, and moved an amendment to insert after the word "recommends," instead of the remainder of the resolution, the words, "that steps be taken to found a Teaching University for London."

Mr. SWINFORD EDWARDS seconded the amendment.

Dr. BROADBENT said that although the primary object was to request the two Colleges to give degrees in medicine and thus remove a serious grievance, yet beneath that there was the other object of raising the culture of London medical students. It would be one way of starting a Teaching University; and already the Colleges possessed a site upon which they could found a great scientific institution. From this movement all the advantages of a Teaching University would be obtained; but to suppose that the scheme now before the University of London would meet these wants was trifling with intelligence.

Dr. SANSOM said that at the last meeting of Convocation there was evidence, both on the part of Mr. Magnus and others, that no opposition to this movement would come from the existing University.

Sir A. CLARK, in reply, said that Dr. Collins had no shadow of ground for his assertion that one of the issues of this movement would be a competition downwards to a minimum degree. The Colleges had progressed upwards in raising the standard of their examinations, and there was no reason why they should go back. Drs. Pye-Smith and Collins would admit that the degree of the University of Edinburgh is an honourable one; and he contended that the examinations for the double qualification of the Colleges were precisely equivalent to those of Edinburgh University, one difference being that in Edinburgh students are examined by their own teachers. He satirised the substitution of Psychology for Moral Philosophy at the M.D. examination of the London University, and concluded by affirming that it was the object of the promoters of this movement to make Doctors of Medicine, and that their contention had not been gainsaid.

The amendment was then put and lost, only the mover and seconder voting for it.

The original resolution was then put and carried, with but one or two dissentients.

LUNATIC ASYLUMS, 1885.

No. II.

A VERY interesting report is sent in by the Superintendent of the Sussex County Asylum at Hayward's Heath (Dr. Williams). He finds that the forms of admission accompanying patients are often very imperfectly filled up, and that in some cases they have been absolutely invalid, necessitating the refusal of admission to the patient until the form was amended. "The imperfect filling up of these forms is a very serious matter: because, on the one hand, if the asylum authorities admit and detain an alleged lunatic on an imperfect order of admission, they may render themselves liable to an action for illegal imprisonment; whilst, on the other hand, the delay caused in taking a patient back to have the imperfect order amended may be of the greatest harm to him, besides causing endless worry to all concerned."

Dr. Campbell gives a sad tale of hopelessness for the inmates of his asylum (Garlands). "At the present time," he says, "there are only 16 males and 49 females out of the total number of 850 in the asylum in whom there is the slightest

prospect of recovery. All the rest are either idiots, imbeciles, dements, or chronic lunatics, whose mental aberration can only terminate with their death"—that is to say, a proportion of 1 in 13. With a view to the more systematic instruction of the attendants and nurses in their duties, Dr. Campbell has prepared a pamphlet for their guidance. Each attendant and nurse receives a copy of this pamphlet on their arrival. We regard this as being a step in the right direction, and would be glad if such a course were taken more frequently, for it too often happens that new attendants are left to learn their duties at haphazard. We have a copy of Dr. Campbell's little work before us; it is entitled "Hints for the Guidance of Attendants on the Insane," and we can thoroughly commend it as being likely to serve a most useful purpose.

At the Derbyshire County Asylum, the Superintendent (Dr. Murray Lindsay) says the high mortality (14·93 per cent. on the daily average number resident) is "again attributable to the excessive number of deaths from pulmonary consumption, and to the very unfavourable character of the cases admitted, many of whom were in such a debilitated or diseased condition that they died within short periods of admission, one man only surviving five hours, and another nine days, eighteen dying within twelve months of admission. Dr. Lindsay laments that the proposal to erect a detached hospital for the isolation and treatment of infectious disease, "a matter so urgently pressed by the Lunacy Commissioners," was negatived by his committee on the ground of expense. They, however, have granted him a solatium in the form of a disinfecting-room and apparatus costing £300. Dr. Lindsay records his thankfulness for this small mercy; but states that a disinfecting apparatus "is only one weapon, and that not the strongest, in the necessary armour with which to fight the battle of infectious disease."

The Surrey County Asylum at Cane-hill is as yet an asylum without a history, but it would appear to be starting under favourable auspices, for the Commissioners in Lunacy, in recording their first visit since its occupation by patients, are able to say that, "considering the short period which has elapsed since this asylum was opened, the progress made in its adaptation to the purposes for which it was built is highly creditable to the committee and medical superintendent." The death-rate is somewhat high. One patient, according to Mr. Moody's report, would appear to have put one of his delusional ideas to a practical test. "This man was the subject of general paralysis, with delusions of an exalted character, one of these being that he could fly. Suddenly, without any warning, he threw up a window, got his legs on the ledge, and slid off, falling to the ground a distance of eighteen feet." He survived the experiment for ten days.

"Herefordshire," says Dr. Chapman in his report as Superintendent of the Hereford County and City Lunatic Asylum, "has always had a larger proportion of lunatics to population than any other county; it now has just over 4 per 1000; the average for England and Wales is 2·59 per 1000." Dr. Chapman is afflicted with a plethora of "idiots and persons over seventy years of age," cases of helplessness, which he thinks should largely and more fittingly be provided for in workhouses. The chief result, apart from the mortality, that arises from the presence of these helpless and dirty patients is that the "foul washing" amounts to something considerable; and, curiously enough, the amount would appear to double itself every five years. And Dr. Chapman gives statistics which fully bear out his remark. It is perhaps not to be wondered at that erysipelas showed itself twice during the year. The death-rate, however, is "again very low—viz., 5·2 per cent. on the average number resident"; and Dr. Chapman thinks the abundant out-door exercise the patients enjoy must take a first place in explaining the low death-rate, added to which there are the abundant dietary and the warmth of the clothing; and doubtless these are all very essential points, and points not always sufficiently looked to in the treatment of patients in asylums.

The Superintendent (Dr. Spence) of the Staffordshire County Asylum at Burntwood refers to the total number of admissions for 1885 as being less than for any year since 1880. "A part of the decrease may, in all probability, be attributed to the not unnatural reluctance on the part of medical men to undertake the duty of certifying patients in face of the present state of the law, which appears to render them liable to considerable worry, to say nothing of pecuniary loss, no matter how conscientiously the duty of certification may have been performed." We are glad to see that Dr. Spence has "introduced a plan for the systematic weighing of every patient once a month." In our opinion this practice is a most useful one; it serves to bring to notice the falling off in weight of quiet uncomplaining patients, and it often checkmates the noisy clamour of grumblers who are "being starved," by showing an increase in their body-weight.

At the Barnwood House Hospital for the Insane, Dr. Needham reports that a considerable number of patients have again had to be refused from want of room, also that the admissions were marked, in the great majority of cases, by extreme despondency and a suicidal disposition, but that there is no casualty to record. On the question of "open doors" Dr. Needham thus expresses himself: "While personal freedom has been widely extended to the patients, I have still been unable to persuade myself of the practical value or expediency of the general application of an arrangement which has been called the 'open-door system,' and which I have therefore not attempted to adopt generally."

The Superintendent of the Asylum for the City and County of Bristol (Dr. Thompson) attributes his unusually high percentage of recoveries during the year as being to some extent due to the partial stoppage of the system of allowing new and acute cases to rest for a longer or shorter period at the workhouses. His remarks on the successful results of the introduction of Cornish boilers with the view of keeping the asylum "always in hot water" are well worth attention.

Dr. Glendinning, the Superintendent of the Joint Lunatic Asylum at Abergavenny, reports that, although the number of the admissions for the year was low, they were not of a very favourable character, as only 60 per cent. were deemed curable. Frequent changes took place among the attendants, but "dismissal for misconduct or ill-treatment of the patients has been seldom found necessary."

LEICESTER, AND ITS IMMUNITY FROM SMALL-POX.

(From our Special Commissioner.)

THE public hears so much about the neglect of vaccination in Leicester and the absence of small-pox that in a less enlightened age we might be in danger of a reversal of public intelligence on the subject. The protection of the community from a plague so deadly and so disgusting may well excite admiration, whatever arrangements conduce to so great an end. It is of great moment, therefore, to ascertain what the arrangements are. Jenner is a great name in medicine, and is not likely soon to lose its fame. And small-pox, when it occurs, can be as fatal at Leicester as anywhere else. It is sometimes hæmorrhagic, sometimes confluent. In 1877 of twelve cases five died. Isolation and disinfection, promptly and thoroughly carried out, are the vaunted measures in Leicester, and to read the newspapers, or even the sanitary reports, one would almost think they were all-sufficient. For ten years they have not had a great epidemic. Much inflammable material is being prepared. But does not Leicester by sanitation and isolation almost nullify the fact, and justify its authorities in their disrespectful and even hostile attitude to vaccination?

The methods of Leicester are thus summarised in the Annual Report for 1884 of the Sanitary Condition of the Borough, by the late able Medical Officer of Health, Dr. William Johnston:—

"During the last eight years there have been no fewer than twenty importations of small-pox into the town and its immediate neighbourhood; the *disease has always been stamped out, owing to the fact that the Health Committee have always succeeded in promptly removing to hospital, not only those stricken with the malady, but also all the other inmates of each infected house.*"

I make this quotation because it is the statement of the case of the Leicester authorities in a nutshell, and by no unfriendly hand, and by a medical man, let me add, who knows well the importance of vaccination. Here, then, seemed a case calling for investigation and some revision of our severe condemnation of those guardians and town councillors who are unfaithful to their duties as Vaccination Authorities. The threat of a future retribution, however

well founded, has little effect on those who enjoy present immunity and think they have discovered a method of proceeding which supersedes vaccination.

In my endeavours to ascertain the real secrets of an immunity which seemed capable of a very different explanation from that given by the anti-vaccination authorities, I have to acknowledge the courtesy of the municipal authorities and the perfection of the sanitary arrangements. I must, too, in passing, pay a tribute to the architect of the Municipal Buildings, as well as to the community whose conception of municipal functions was so high as to raise such structures for their public offices. I must specially thank Mr. Windley, Chairman of the Sanitary Committee, and the medical officers of health, the late and the present, Dr. Johnston and Dr. Tomkins, for an explanation of the system which is followed when a case of small-pox occurs, which is very briefly told. The radical community of Leicester has no compunctions in restricting personal liberty except in the matter of vaccination. They have a law of compulsory notification of infectious diseases, requiring a medical man to report the case as soon as he is aware of it. It is alleged that this law works so well that all the objections of medical men to it have ceased. No sooner is there a case of small-pox reported than the medical officer of health is down upon it with his staff of inspectors. Unless the house is very favourable for isolation, the patient's removal to the Infectious Hospital is urged, and is promptly executed. Not only so, the removal of all the other inmates of the house is pressed strongly. Actual legal powers do not exist. But without these pressure can be applied. If a workman has to be influenced, and is rather rebellious, he is told that his employers shall be informed of the facts of his obstinacy. He is offered compensation for loss of time and loss of property. So with all other inmates. And up to this time all resistance has been overcome, and for ten years Leicester has not had a bad epidemic. And its authorities boast of their promptness and success in carrying out isolation. Disinfection too, is energetically applied to premises and property. I acknowledge that they do this part of their duty well and successfully. Equal success has been attained in other places, notably South Shields, where Dr. Munro reports that in three years and a half small-pox has been introduced thirty-three times, and each first case has been removed to hospital, with the result that in no single instance has there been any extension of the disease after it has been reported to the Health Office. In Leicester there have been occasionally two or three cases among those removed to quarantine. But the success of the system has been great, and undoubtedly goes far to show the desirableness of a general compulsory notification system.

But now I come to another little factor in the protection of Leicester from small-pox, which will surprise plain people out of the profession, and I am persuaded not a few of the good people of Leicester themselves, when they have their minds directed to it. Tell it not in Gath—but it is even so,—Leicester owes its protection, even with all its boasted and really good sanitary arrangements, to VACCINATION! or rather, I should say, to *revaccination*. All the persons in the house of the patient are vaccinated or revaccinated. Every person brought into contact officially with the case of small-pox—the medical officer of health, the inspectors, the nurses and matron of the infectious hospital—are all vaccinated and revaccinated. And I am bold to say that without this protection of vaccination the perfect sanitary arrangements of Leicester would break down in a month. For it is not only that people who are revaccinated never take the disease; but that people who are not revaccinated, who are brought into close quarters with it, do generally take it. Certainly we ought to hear no more of Leicester's independence of vaccination. If her sanitary authorities really believe in their sanitary and disinfecting appliances *per se*, let them put our statements to the test. Let them remove the *cordon* of protected persons about the cases, and their boasted arrangements will prove a delusion; the sick will be without nurses, and the very industry of Leicester will be molested by a plague which will stagger the radical authorities of the borough, and bring the thousands of unvaccinated and unrevaccinated inhabitants to cry for the blessings discovered by Jenner. I need not say that Dr. Johnston and Dr. Tomkins entirely agree with me in this estimate of the part played by vaccination in Leicester. Like most officers of health, they attach great importance to the compulsory notification of diseases; and Dr. Johnston at least is of opinion that with a universal system of this kind, and an efficient and energetic staff for carrying it out, the severity of the vaccination laws might at least be relaxed. Dr. Tomkins lately expressed his views of the urgent need for such a system in the metropolis in THE LANCET of May 2nd, and few could speak with more authority. But it is superfluous to say that they believe in vaccination, and that but for their use of it the authorities of Leicester would be mocked in their boast of mere sanitary precautions. Dr. Tomkins, indeed, is the author of one of the most powerful arguments for compulsory vaccination in the language, read before the Society for the Abolition of Compulsory Vaccination, London.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

IN twenty-eight of the largest English towns 5704 births and 3033 deaths were registered during the week ending May 29th. The annual death-rate in these towns, which had declined in the preceding ten weeks from 29·3 to 18·7, further fell last week to 17·4, and was lower than in any week since September last. During the first eight weeks of the current quarter the death-rate in these towns averaged 19·5 per 1000, and was 3·1 below the mean rate in the corresponding periods of the ten years 1876-85. The lowest rates in these towns last week were 12·2 in Nottingham, 12·5 in Norwich, 12·8 in Bristol, and 14·4 in Wolverhampton. The rates in the other towns ranged upwards to 25·7 in Portsmouth, 28·7 in Blackburn, 30·0 in Halifax, and 32·8 in Bolton. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 367, 324, and 286 in the previous three weeks, further declined to 278 last week; they included 90 from measles, 76 from whooping-cough, 36 from diarrhœa, 28 from diphtheria, 25 from "fever" (principally enteric), 23 from scarlet fever, and not one from small-pox. No death from any of these principal zymotic diseases was recorded last week either in Norwich, Wolverhampton, or Halifax; whereas they caused the highest death-rates in Portsmouth, Blackburn, Preston, and Bolton. The greatest mortality from measles occurred in Portsmouth, Blackburn, Preston, and Bolton; from whooping-cough in Salford, Sheffield, and Newcastle-upon-Tyne; and from "fever" in Bolton, Portsmouth, and Derby. The 28 deaths from diphtheria in the twenty-eight towns included 20 in London, 2 in Portsmouth, 2 in Birmingham, and 2 in Leeds. Small-pox caused no death either in London or in any of the twenty-seven large provincial towns. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had steadily increased in the previous nine weeks from 7 to 35, was again 35 at the end of last week; 6 cases were admitted to these hospitals during the week, against 9 and 10 in the preceding two weeks. The Highgate Small-pox Hospital contained 4 patients on Saturday last, no case having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had been 309, 293, and 282 in the preceding three weeks, further declined last week to 225, and were 70 below the corrected average. The causes of 57, or 1·9 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Nottingham, Sunderland, Leicester, and in six other smaller towns. The largest proportions of uncertified deaths were registered in Salford, Derby, and Halifax.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 23·1, 22·3, 22·2, and 21·8 per 1000 in the preceding four weeks, further declined to 21·3 in the week ending May 29th, but exceeded by 3·9 the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 9·0 in Greenock and 19·1 in Dundee and Paisley, to 24·7 in Paisley and 27·9 in Perth. The 526 deaths in the eight towns showed a further decline of 12 from the numbers in recent weeks, and included 17 which were referred to whooping-cough, 17 to measles, 7 to scarlet fever, 8 to diarrhœa, 6 to "fever" (typhus, enteric, or simple), 3 to diphtheria, and not one

to small-pox; in all, 60 deaths resulted from these principal zymotic diseases, against 55 and 44 in the previous two weeks. These 60 deaths were equal to an annual rate of 2·4 per 1000, which was 0·8 below the mean rate from the same diseases in the twenty-eight English towns. The fatal cases of whooping-cough, which had been 20, 14, and 11 in the preceding three weeks, rose again last week to 17, of which 16 occurred in Glasgow. The deaths from measles, which had been 17 and 10 in the previous two weeks, rose again last week to 17, and included 10 in Edinburgh, 3 in Glasgow, and 3 in Leith. The 9 fatal cases of scarlet fever, of which 8 were returned in Glasgow, also showed an increase upon the numbers in recent weeks. The 8 deaths attributed to diarrhœa exceeded the number in the previous week by 1, but were 2 below the number in the corresponding week of last year. Of the 6 deaths from "fever," 2 occurred in Glasgow and 2 in Dundee. The 3 deaths referred to diphtheria showed a decline of 2 from the number in the previous week. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 103 and 119 in the previous two weeks, declined last week to 86, which were 1 below the number in the corresponding week of last year. The causes of 63, or 12 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 23·3 and 28·7 per 1000 in the preceding two weeks, declined again to 26·0 in the week ending May 29th. During the first eight weeks of the current quarter the death-rate in the city averaged 26·9 per 1000; the mean rate during the same period did not exceed 18·2 in London and 19·4 in Edinburgh. The 176 deaths in Dublin last week showed a decline of 18 from the number in the previous week, and included 6 which were referred to the principal zymotic diseases, against 14, 8, and 6 in the previous three weeks; 2 resulted from whooping-cough, 2 from scarlet fever, 1 from diphtheria, 1 from "fever" (typhus, enteric, or simple), and not one either from small-pox, measles, or diarrhœa. These 6 deaths were equal to an annual rate of 0·9 per 1000, the rates from the same diseases being 1·5 in London and 2·5 in Edinburgh. The 2 fatal cases of whooping-cough corresponded with the number in each of the preceding two weeks. The deaths from scarlet fever in the city in the first eight weeks of the current quarter were 10, against 20 in the thirteen weeks of the first quarter of the year. The deaths referred to "fever" have shown a marked decline in recent weeks. Five inquest cases and 6 deaths from violence were registered; and 49, or more than a fourth of the deaths, were recorded in public institutions. The deaths both of infants and of elderly persons showed a considerable decline from the numbers in recent weeks. The causes of 22, or nearly 13 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

THE Queen has been pleased to grant Harry Maule Crookshank, M.K.Q.C.P.I., M.R.C.S., Director-General of Egyptian Prisons, permission to accept and wear the Insignia of the Third Class of the Order of the Medjidieh, which His Highness the Khedive of Egypt, authorised by His Imperial Majesty the Sultan, has been pleased to confer upon him, in recognition of his services whilst actually and entirely employed beyond Her Majesty's Dominions in His Highness's Service.

WAR OFFICE.—Army Medical Staff: Brigade Surgeon Edmund Humphrey Roberts to be Deputy Surgeon-General, vice W. H. Corbett, M.D., deceased; Brigade Surgeon William Collis to be Deputy Surgeon-General, vice W. H. Muschamp, granted retired pay; Surgeon-Major Samuel Edward Maunsell to be Brigade Surgeon, vice E. H. Roberts; Surgeon-Major William Christy Robinson to be Brigade Surgeon, vice W. Collis. The undermentioned Surgeons-Major are granted retired pay, with the honorary rank of Brigade Surgeon:—Thomas Butler Power O'Brien; Bronislaw James Jazdowski, M.B.

ADMIRALTY.—In accordance with the provisions of Her Majesty's Order in Council of April 1st, 1881, Inspector-General of Hospitals and Fleets John Denis Macdonald, M.D., F.R.S., has been placed on the retired list.

The following appointments have been made:—Surgeon John Corshin, to Jamaica Hospital; Surgeon Anthony Kidd, to the *Mistletoe;* and Surgeon J. J. Walsh, to the *Impregnable;* Fleet Surgeon C. Morton, to the *Trincomalee;* and Fleet Surgeon T. L. Burnett, to the Portsmouth Division of Royal Marines.

MILITIA INFANTRY.—5th Battalion, the Royal Irish Rifles: Surgeon Edwin F. Nelson, M.D., is granted the honorary rank of Surgeon-Major.

YEOMANRY CAVALRY (Derbyshire).—Chas. Henry Hough, Gent., to be Surgeon.

ARTILLERY VOLUNTEERS.—1st Cumberland: Acting Surgeon John A. Macdougall to be Surgeon.—2nd Durham (Seaham): Surgeon T. C. Beatty is granted the honorary rank of Surgeon-Major.—3rd Middlesex: Surgeon Richard Davy is granted the honorary rank of Surgeon-Major.

RIFLE VOLUNTEERS.—1st Cinque Ports: Ernest William Skinner, Gent., M.B., to be Acting Surgeon.—3rd Volunteer Battalion, the Hampshire Regiment: Surgeon H. R. Smith is granted the honorary rank of Surgeon-Major.—1st Volunteer Battalion, the Lincolnshire Regiment: Acting Surgeon Edwin William Barton, M.D., resigns his appointment.—3rd Volunteer Battalion, the Norfolk Regiment: Charles Richard Whitty, Gent., M.D., to be Acting Surgeon.

Correspondence.

"Audi alteram partem."

MEDICAL DEGREES FOR LONDON STUDENTS.

To the Editor of THE LANCET.

SIR,—I should not venture to add to the already large contributions upon a subject which is practically exhausted so far as argument goes, were it not for the feeling that we are in danger of losing sight of its main issues in aiming at an ideal which it is not possible as yet to attain. That ideal is the consolidation of medical education in London, under the ægis of a real university, which should direct, control, and influence the curriculum, should grant degrees to students trained on its courses, and thereby do much to concentrate scientific and theoretical instruction as distinguished from the practical and clinical. No one will venture to say that this ideal of a Teaching University is at all near to realisation. There are so many conflicting interests to be reconciled, and so much care to be taken to avoid doing an injustice to those who have hitherto had so large a share in education, that it can only be by the slow process of evolution that we shall obtain in London anything like a university organisation. Meanwhile we see, year by year, our students dwindling in number, or breaking off their London career to go elsewhere to obtain that which we are unable to give them; and here it is important to state that a mere title, such as that proposed last night by Mr. Hutchinson, and granted to every doubly qualified man (even with the proviso of passing an additional examination), is not what is desired, nor will it meet the demands of the London student. The remarkable and merited success of the Edinburgh University has rendered such a solution of the question practically impossible. If in London we can establish a curriculum and an examination system which in all respects shall be equivalent to that of the Edinburgh University, then we may reasonably demand that our students should have equal facilities for obtaining degrees as those of Edinburgh. That in some respects we may take a lesson from Edinburgh, and not be ashamed of doing so, must be admitted; just as, I doubt not, there are directions in which even the course at that University may be improved and placed more on a level with London. I cannot, then, agree with Sir Andrew Clark in the statement that the curriculum and examinations of the Colleges are precisely on the same footing as those of the University of Edinburgh; but there is no reason at all why they should not be.

The University of London stands on an admittedly higher level—indeed, the highest; and being, as was remarked the

other day in Convocation, world-wide in its scope, it is not to be expected, nor indeed desired, that it should lower its standard to remedy the grievances of those who happen to be educated in the city in which this institution has its local habitation. Even if Mr. Magnus's scheme be carried and the University be brought into more intimate connexion with teaching bodies, it can never meet the grievance which we desire to remedy. Its medical degrees are difficult of attainment; and he would indeed be sanguine who could imagine that it would ever be possible so to raise the general standard of education that every student in London could be put through its curriculum with a reasonable hope of graduation. Why, as it is, a considerable number of those who do enter the London University are compelled to turn away after having fruitlessly devoted one or two years in the attempt to master the subjects of the Preliminary Scientific Examination; and these, be it remembered, are students who have been specially trained in these subjects with a view to that examination. The University of London is, and always will remain, open to but a few, and only a minority of those who enter it will succeed in obtaining its degrees.

Is there no alternative to the London student, or must he be driven to seek a degree elsewhere? Surely, if the Colleges of Physicians and Surgeons could meet this demand by constituting a medical faculty, they would not only revive the prosperity of the London schools, but take a great step forward in raising the standard of education. The demand ought to be that degrees granted by the Colleges should be given after a course of training equivalent to that required by universities. We might have instituted a graduation curriculum which should embrace a certain amount of preliminary science at the commencement, and such subjects as pathology, therapeutics, and public health at the close, over and above the course required for the mere diplomas or title. Students on entry would determine whether they intended to graduate or not, and many doubtless would be well satisfied with the honourable titles of M.R.C.S. and L.R.C.P.; but all would have the opportunity of obtaining the degree if they only worked for it; and those who already hold the two diplomas might obtain the degree after an additional examination. There is little question that the majority of our students would show themselves capable of graduation, whilst a reproach would be removed from London and a greater encouragement given to those who are engaged in utilising the splendid material of London hospitals for the purpose of instruction. Moreover, the Colleges would take a larger share in directing education than hitherto, and a way would be found for realising the ideal embodied in the scheme of a Teaching University.

I am, Sir, yours faithfully,

Weymouth-street, W., June 1st, 1886. SIDNEY COUPLAND.

To the Editor of THE LANCET.

SIR,—I have followed with much interest the whole of the proceedings and correspondence relative to the proposed M.D. degree for those who take the diplomas of L.R.C.P. Lond. and M.R.C.S. So far as I have seen, no direct proposal has been made to cause a retrospective action, without which of course a large class of the medical profession would be left "out in the cold." I feel quite sure that most, if not all, who belong to this class would be perfectly willing to pass an examination in Arts, equal at least in its standard to that required for a "poll" degree: and this being so, as it indubitably is, there can be no valid reason why such a course should not be adopted, inasmuch as it cannot be denied that any man who has been able to pass the ordeal of the two Colleges has been as severely tested, so far as his professional knowledge goes, as a M.B. of either of the older universities or even a "pass" man of the University of London. That the absence of the M.D. degree is no slight drawback is becoming more felt every day by men who never realised its value until their course was too far advanced to permit of their retracing their steps. A short time ago a patient who had recommended a friend to engage me to attend her in her confinement told me that the individual in question had come to the house, but seeing "Mr. ——" on the door-plate, had concluded that I was unqualified, and gone elsewhere. Licentiates of the London College of Physicians are, as a rule, too high-minded to assume a title which is explicitly denied to them by the bye-laws of the institution with which they are proud to be connected, and have to suffer for their honesty by seeing men with inferior qualifications attract the public by the display of the coveted "Dr." on their door-plates. The difficulty might have been avoided years ago had the University of London been sufficiently liberal-minded to recognise medical studies which had been carried on after registration as "medical student," but before matriculation. This would in no way have lowered the standard, the whole of the examinations could have remained the same, and the small indulgence thus allowed would have done very much to bring the University *en rapport* with a large class of hardworking students, who would gladly have gone through the needful steps but for the loss of time and of money which it would have entailed under the existing regulations.

Hoping to see the M.D. of the Medical University of London an established fact ere long, and to be able to avail myself of its facilities, I beg for the present to subscribe myself, Your obedient servant,

May, 1886. L.R.C.P. LOND., M.R.C.S. ENG.

THE BRITISH MEDICAL BENEVOLENT FUND.

To the Editor of THE LANCET.

SIR,—For many years you have allowed me at Christmastime to bring the claims of the British Medical Benevolent Fund before the profession, always with good results. This year is the fiftieth of its existence, and as a jubilee celebration was contemplated, my appeal, with which Sir George Burrows, as president of the fund, desires to be associated, was postponed until it could be made in connexion with that event.

I have now to announce that Sir James Paget will preside at a jubilee banquet to be given at the Holborn Restaurant on July 8th. We are already assured of success, a donation of an altogether unexpected amount having been sent to Sir James Paget, and other important donations having been received, while we have reason to expect that Sir James will be supported by a most distinguished gathering of medical men from all parts of the country. It is true that the jubilee of the Fund falls at a period of great and general financial depression; but while this impairs the power to give, it increases the number of those who are in need, so that we dare not postpone our appeal even if we could put off the celebration till better times. If all who can afford it would give but a little, relief would be carried to a large proportion of the poverty-stricken homes and families of medical men which are brought to the notice of the committee.

The object and mode of operation of the Fund are not even yet fully known. It has two departments: an annuity department, which supports at present fifty-five annuitants, who must be over sixty years of age when elected; and a donation department, which distributes nearly £2000 yearly in sums of from £5 to £20 to meet urgent necessities of broken-down medical men, relieve widows, help struggling daughters, and educate children. This last department is peculiar to the Fund.

No canvassing is required in order to obtain its benefits, with the heart-breaking delay, demoralising exposure, and wearying labour attending this process. Twice a year the list of all applicants over the age of sixty whose cases have come before the Committee is carefully gone over, and the oldest and most necessitous are selected to fill any vacancies which may have arisen. Urgent necessities are still more promptly met, the Committee sitting once a month for the purpose of allocating donations. Another feature of the Fund is that there are no salaries, all the work being done by medical men without fee or reward.

In commending the Fund once more to the favourable attention of the profession, I have only to add that the Honorary Secretaries, Mr. George Field, 13, Wimpole-street, and Mr. Edward East, 18, Clifton-gardens, Maida-vale, will be glad to receive the names of all who desire to help us and to take part in the jubilee dinner.

I remain, Sir, your obedient servant,

W. H. BROADBENT, M.D., Treasurer.

34, Seymour-street, June 1st, 1886.

THE LUNACY ACTS AMENDMENT BILL.

To the Editor of THE LANCET.

SIR,—Superintendents of Asylums in England, with few exceptions, will endorse Dr. Batty Tuke's remarks on the absurdity of sending barristers to inspect asylums, and on the necessity for greater supervision by an increase of the number of medical commissioners. Having been superintendent of a large asylum for fourteen years, I may say that I have never in that time seen an occasion or occurrence which in the least called for a legal visitation, or in which the barrister commissioners were of any legal service. I have had experience of visitation by new legal commissioners, including men whom I esteem and respect, and they, I believe, would be the first to admit that their inspection of asylums during the early part of their appointment was of no value. I entirely agree with the suggestion of resident district commissioners as the only means by which an individual knowledge of the vast number of the insane in England can be acquired by supervisors. An increased number of commissioners would exercise a very beneficial influence on the asylum medical service, by attracting a superior class of medical officers, and the preponderance of the medical element in the commission might depose the legal idea, which at present appears to be dominant, that "detention" is the great object of asylums, in favour of the belief that "treatment" is their essential and most important function. Such changes would greatly advantage the insane, and would tend more than anything else to establish public confidence in the Commission and in asylums.

I am, Sir, your obedient servant,

May 29th, 1886. A MEDICAL SUPERINTENDENT.

ELECTROLYSIS OF STRICTURE OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—My attention was directed to this subject by Mr. Bruce Clarke some months ago, and as I had a large amount of material to work upon, I determined to investigate the effects of the weaker constant currents upon stricture, in order to supplement Dr. Newman, M. Tripier of Paris, and Mr. Clarke's experiences of the stronger currents upon the same. To my regret, however, I was unavoidably prevented attending the meeting of the Medical and Chirurgical Society when the subject was brought forward, and I venture, therefore, to ask for space for the quota of experience which I had hoped to have furnished to the discussion upon the paper.

The question which I sought to answer was this. If stronger currents burn through the cicatrix and leave a scar, which must necessarily contract, would not weaker currents soften that scar tissue and allow of rapid dilatation? I took twenty cases of stricture at haphazard, all of them of small calibre, some unpassable, varying as to duration from three to twenty years. I subjected each to the influence of from three to four cells, the sittings lasting from fifteen to twenty minutes. With two exceptions, each stream was larger after the sitting, and I could pass a bougie of one size (French gauge) larger than I could before. In two cases the stream was worse. At first I deemed the slight improvement due to the mere pressure of the bulbous electrode against the stricture, but I have since come to the conclusion that weak currents diminish spasm.

Possible danger of reflex shock should be remembered. I quote the only case I have had as yet. Mr. Hichens of Oxford sent me a man with stricture of many years' standing, who, on the application of three cells, had the severest rigor I have witnessed, terminating in profound collapse. Ammonia and water rapidly revived him, and he was able to reach home. Next day I performed internal urethrotomy, which, curiously enough, was followed by no neurotic disturbance. One patient returned with a severe urethritis. So few months have elapsed since my first case was *cured* by means of a *stronger* current, that I do not feel justified in passing an opinion upon it. If the success be honest, then we may expect to do good work with other cicatricial contractions—e.g., of burns, strictures of the œsophagus, pylorus, and other tubes.—I remain, Sir, yours truly,

E. HURRY FENWICK.

George-street, Hanover-square, May 1886.

THE FELLOWSHIP OF THE COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—All must agree in your recommendation that the teachers in our medical schools, alike in the provinces and London, should be preferred at election to the Fellowship; probably some even while only lecturers, without as yet hospital staff appointment. But, on the other hand, length of hospital experience alone, be it only attendance and not practice, should be recognised by the Council as qualifying for nomination. For, at the present time, excellent clinical workers may never have the chance of becoming either lecturer or hospital physician; the latter appointment now being the reserved reward for lecturing. Yet the clinical student is often not less gifted with powers and taste for original research than his lecturer, and should at least have the Fellowship retained for his goal, if only as a stimulant to further clinical pursuit, which ere now has made the pupil teacher to the master. Hope, Williams, and Bence-Jones, all while *in statu pupillari*, taught to their chiefs at hospital, on their own patients, a later and more recondite science than those seniors had till then acquired; and two at least of the greatest hospital physicians dating between Baillie and Bright—viz., Drs. Chambers and Latham—gracefully owned the sources of such later knowledge. Discouragement and curtailment of independent clinique, by withholding the Fellowship from it, will degrade such students into less responsible specialism, to the loss of more exact medical science. Their work is now the highest. Indeed, their great prototype won *there and then* the true blue riband of the race when, after the best of two years in a fever ward, he interpreted a writing till then undeciphered through ages.

I am, Sir, yours truly,

May 31, 1886. A MEMBER PRIOR TO 1859.

LIVERPOOL.

(From our own Correspondent.)

HOSPITAL SATURDAY.

SATURDAY, the 29th ult., was observed as Hospital Saturday, and great efforts have been made this year to promote its success by making working men more familiar with our local medical charities, their financial position, and their claims upon those whom they benefit. It is believed, therefore, that the fund will be augmented this year—a belief which is increased by the recent visit of Her Majesty, the International Exhibition and other collateral causes tending to an improvement in commerce and trade.

LIVERPOOL AND THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Whilst Birmingham, Leeds, and Manchester have had representatives on the Council of the Royal College of Surgeons in the respective persons of Oliver Pemberton, Wheelhouse, and Lund, Liverpool still remains as it has hitherto been, wholly unrepresented. This circumstance creates, as it very justly may, great dissatisfaction. For many years past Liverpool has possessed in the number and status of its medical practitioners, its medical school, and its hospitals, ample claims for recognition in the Council of the College of Surgeons of England. These claims are now enhanced in the fact that Liverpool possesses a University College in conjunction with the Victoria University of Manchester, while the status of its physicians and surgeons is quite equal to that of other provincial cities, in spite of the disadvantages which Liverpool has had to contend with in being younger in its growth. Mr. Reginald Harrison, surgeon to the Royal Infirmary and lecturer on Clinical Surgery in the Victoria University, is again coming forward for one of the vacancies which will shortly occur in the Council. His election would be a gain to the latter, would be extremely popular to most local and many provincial and metropolitan Fellows, and would remove what is now felt to be a slight to an important medical and surgical community.

THE THORNTON WARDS OF THE ROYAL INFIRMARY.

In these wards Dr. Wallace performed abdominal section in one of those desperate cases which abound here, of

neglected ovarian disease for septic peritonitis. The tumour was necrosal and the abdomen distended to its utmost with grumous fluid, the intestines and omentum glued together with a mass bound down over the lumbar vertebræ and the whole peritoneum was covered with lymph. She is now convalescent. Dr. Wallace also did nephrectomy for dilated right kidney, by opening the tumour, the size of a year-old child's head, outside the sheath of the rectus, removing part of the cyst and stitching for drainage in the line of the incision of the remaining portion. Suppression of urine followed, and she died. Dr. Wallace also pointed out a case of hysterical hyperpyrexia, the temperature varying from normal to 108° and even 115°. On Wednesday the same gentleman performed laparotomy for a large solid tumour, which displaced the uterus to the right and filled the pelvic brim. It was found to be a subperitoneal sessile myoma, attached to the uterus to the extent of nearly three inches. It was enucleated, and its cyst stitched for drainage to the lower end of the abdominal incision. The patient is doing well.

COMPULSORY SWIMMING IN SCHOOLS.

The suggestion given in THE LANCET of May 22nd has been favourably noticed in a local daily paper. If the children of the poor in and around Liverpool were more generally able to swim, the number of drowning cases would be greatly reduced. The fondness boys have of bathing is shown by the number seen in the canals and along the sides of the River Mersey, in spite of frequent warnings and fatal examples. No children of either sex should be allowed to venture on the ice until they have learnt the simple and natural art of swimming. The facilities for learning it in this city are ample, and should be better appreciated.

THE ASSIZES.

Among the cases tried at the present assizes was that of the mutineers of the Roman Catholic training ship. One of the officers of the latter received a wound in the chest, which, according to Dr. Main, of Rock Ferry, penetrated the lung, the patient being in great danger for some days. Justice Grantham, who presided in the Crown Court, referred frequently and severely to the number of crimes which had their origin in drunken habits. There were also numerous cases of criminal assaults on females. In one of these the prisoner was under sixteen years of age, and was therefore sentenced to corporal punishment, the judge lamenting that he could not award a similar punishment upon offenders above the age of sixteen.

PRESENTATION TO DR. WATSON OF SEACOMBE.

On the 31st ult., Dr. T. B. Watson, who is leaving Seacombe, where he has been practising for eleven years, was presented with two very handsome testimonials. The first was in the form of a purse containing one hundred sovereigns and a beautifully illuminated address, and was the gift of residents in the neighbourhood. The second was from the inhabitants of Wallasey to the cottage hospital of which Dr. Watson had been medical officer, and consisted of a marble timepiece and ornaments. Some of the principal residents were present, and great regret was expressed at the loss which the district would sustain at Dr. Watson's absence.

THE LIVERPOOL EXHIBITION.

The Shipperies is by no means so devoid of interest to medical visitors as its name would imply. On Saturday last, in what is known as the Indian Village, the visitors had the opportunity of witnessing the performances of the so-called "devil-dancers." These are the individuals called in whom the regular medicine men have failed to cure, and though their gyrations, practised from nine at night until seven in the morning, never produce any favourable result, the natives repose great faith in them as having a great effect upon the soul, even though the patient dies. The Vegetarian Society's restaurant is largely patronised. It is not intended for profit, but for educational purposes, and to show the pleasantness, variety, wholesomeness, and economy of the food products of the vegetable kingdom. Nearly a thousand persons dined here on Saturday, the price of a good meal ranging from sixpence to tenpence. There are also exhibited invalid carriages by Mr. Bell, of Basford, Nottingham, who has succeeded in bringing them to a great state of perfection.

Liverpool June 1st.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE PRUDHOE MEMORIAL CONVALESCENT HOME.

THE annual meeting of this excellent charity was held on the 20th inst. at Whitley. The report for the year exhibited very gratifying results. The financial statement showed that the income of the year had been £3566, the three chief items of which were: subscriptions, £1261; Hospital Sunday Fund, £888 11*s.* 2*d.*; and a legacy from the late Mr. Richard Shorthouse, £500. After meeting all expenses there remained a balance in hand of £78. Dr. Philipson read the medical report, in which it was stated that the total number of cases treated during the twelve months was 1444; of these 486 were from Northumberland, 484 from Newcastle, 463 from Durham, 9 from Yorkshire, and 2 from Cumberland. With regard to the character of the diseases, 1163 were medical and 281 surgical. Of the whole number, 1296 were cured, 102 were greatly benefited, 15 were somewhat better, and 31 were *in statu quo*. Taken altogether, 1413 received benefit, or over 97 per cent.

AMBULANCE WORK IN THE NORTH.

Some fifteen or sixteen years ago the late Dr. Stephens, the surgeon to the Tynemouth Artillery, established an ambulance class. This has been continued with little intermission up to the present. About twelve months ago Dr. Mears, who holds the chair of Anatomy at the Newcastle College of Medicine, took the position of surgeon to the corps. Since then he has devoted much time and attention to the ambulance corps, which is now composed of about fifty members, of whom some thirty are medical students from Newcastle, who have joined the Tynemouth corps owing to the absence of such a body at Newcastle. They were inspected on the 21st instant by Surgeon-Major Irvine, of the Army Medical Department. The class, which is the largest in the country, were put through a rigorous drill by Surgeon Mears. After the examination the inspecting surgeon said, addressing the class, that he had carefully watched the two hours' severe drill they had had, and was highly pleased with all he had seen. On Saturday (the 22nd) an ambulance ceremony took place at North Seaton, at which were present the members who have successfully passed the examinations and attended the course of lectures qualifying them to render "first aid to the wounded." Dr. Clark Newton of Newcastle gave an interesting and concise address on "Ambulance Work." A supper and concert gave variety to the evening's entertainment, and a very fitting conclusion was made by the presentation on the part of the members of the class of a handsome timepiece to Dr. Evers, who had spared no pains in the efficient instruction of his class, and who, in the words of the chairman, had given it every attention "in will and skill."

Newcastle-on-Tyne, May 24th.

EDINBURGH.

(From our own Correspondent.)

PROFESSOR SIR DOUGLAS MACLAGAN.

THE announcement that Her Majesty has bestowed the honour of knighthood upon Professor Douglas Maclagan has created a widespread sense of satisfaction in Edinburgh in very many other spheres besides that of medicine, whilst amongst medical men generally, and especially amongst those *alumni* of the University and the Royal Colleges of Edinburgh who have come in contact with its recipient, this honour is regarded with the greatest personal gratification, as bestowed upon one pre-eminently fitted to sustain it. Sir Douglas Maclagan's honours in connexion with medicine have been both numerous and varied, and his long and brilliant career as a teacher in the Edinburgh School has rendered him in a very special manner representative of medical institutions in this city. But it would give a very partial view of the nature of the feeling elicited by this event were its relations to the medical world alone portrayed, for Sir Douglas Maclagan is as closely associated with the Scottish school of law as he is with that of medicine, and the many-sided nature of his personality is further evidenced

by the numerous official or honorary positions that he fills in connexion with various important institutions concerned in promoting the public weal—the advancement of science and national security. By his tenure of the Chair of Medical Jurisprudence in the University, Sir Douglas Maclagan is directly concerned in carrying out the curricula in the Faculties of Law and Medicine. He is President of the Royal College of Physicians of Edinburgh, and was formerly President of its Royal College of Surgeons. By his Vice-Presidency of the Royal Society of Edinburgh and his Fellowship of the Botanical and Chemical Societies he is intimately associated with scientific interests; and he is honourably connected with the public services as Surgeon-General to the Queen's Body Guard for Scotland and Surgeon-Major to the Queen's Edinburgh Volunteer Brigade. He has been a professor in the University for twenty-five years, and previously to that was a lecturer in the Extra-Academical School for eighteen years, and during the whole of his career as a teacher he has been consulted by the Crown authorities in cases of medico-legal importance. As a writer he has attained eminence in two widely different spheres—those of toxicology and therapeutics on the one hand, and of poetry on the other. Many of his songs have become national property, and he is the author of the most popular and best known of our student songs. Add to these characteristics the qualities which he possesses as an eminent physician, a cultured scholar, and a genial and widely esteemed friend, and it will give some explanation of the great feeling of satisfaction which has spread itself through the Edinburgh community generally in regard to Sir Douglas Maclagan's most recent honour.

Edinburgh, June 1st.

IRELAND.

(From our own Correspondent.)

ROYAL UNIVERSITY OF IRELAND.

A MEETING of Convocation will be held on July 27th, to elect two members of the Senate in the vacancies caused by the decease of ex-Archbishop Trench, and the expiration of Dr. Curtis's term of office. As probably Dr. Curtis will offer himself for re-election, one vacancy may only be considered, and for this it may be expected Mr. Farrelly, recently a member of the Senate, will compete. Dr. Knight is not likely to be a candidate on this occasion.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

The annual election for President, Vice-President, Secretary, and Council, will take place on Monday next, the 7th inst. It is gratifying to find that the present Vice-President, Mr. William Stokes, the eminent surgeon, will not be opposed for the presidency, notwithstanding a rumour which prevailed lately to that effect. There will be a contest for the Vice-Presidentship, a circumstance greatly to be regretted, Mr. Corley and Mr. Frazer being the candidates. I have already said as much on this subject as is necessary, and shall not again discuss the subject. Mr. William Colles will be re-elected secretary without opposition. As regards the Council, there are twenty-two candidates for nineteen places. A meeting will be held on Saturday next, the 5th inst., to receive the annual report of the Council and discuss any matters that may be brought before the Fellows; and, in the evening the Council and Examiners and their guests will dine together at the College.

CASTLEREAGH DISPENSARY: CHARGE AGAINST DR. CROKER.

An extraordinary meetipg of the dispensary committee was held last week for the purpose of investigating a charge of alleged neglect on the part of Dr. Croker, the medical officer of the district. The case had already been the subject of a question in the House of Commons, and much interest attached to the inquiry. The committee went thoroughly into the alleged matters, and examined several witnesses, including Dr. Gibson, who proved that the case was not of the urgent or difficult character that had been stated. Finally the committee unanimously found that Dr. Croker was not guilty of any negligence in the discharge of his duty.

DEATH OF DR. GRATTAN.

At Drummin House, Carbury, Richard Grattan, M.D., died on May 27th. The deceased was, I believe, the oldest medical man in Ireland, having arrived at the mature age of ninety-eight years. Dr. Grattan was the Senior Fellow of the College of Physicians in Ireland.

COUNTY KILDARE INFIRMARY.

The half-yearly presentment for the support of this useful institution has been thrown out, and the cesspayers may regret their foolish conduct in refusing a grant to a deserving charity. Probably those who have taken an active part in opposing a grant to the hospital may be rather surprised to learn that, by the terms of the lease, the landlord will come into possession of the building directly the infirmary ceases to be used for its present purpose. I have been informed that at a special meeting of the governors held recently, it has been decided to close the institution after the next Kildare Assizes. One cannot but sympathise with the surgeon to the infirmary, who has always performed his duties in a satisfactory manner, and who, for no fault of his own, is deprived of the emoluments of the office he has held for so many years. I may add that the infirmary and residence of the surgeon are held on lease from the Duke of Leinster at a nominal rent of 2½d. a year. During 1885 there were twenty-seven county infirmaries in Ireland, and over 800 beds were in daily occupation; the average cost per head being £37 7*s.* 8*d.*, while the amount levied by presentments last year was £23,643.

The Queen has, upon the recommendation of the Lord-Lieutenant, been pleased to appoint Sir John Lentaigne, C.B., a member of Her Majesty's Privy Council in Ireland.

The vacant surgeoncy in the Mater Misericordiæ Hospital, Dublin, occasioned by the death of Mr. Kilgarriff, has been filled up by the appointment of Mr. Arthur Chance, surgeon to Jervis-street Hospital.

Dublin, June 1st.

PARIS.

(From our own Correspondent.)

THE LATE COLONEL HERBINGER.

A SHORT time before his death, which took place a few days ago, Colonel Herbinger, who was accused of intemperate habits during his field service at Tonquin, for which he was recalled to Paris, where he was summoned before a court of inquiry and honourably acquitted, called on Professor Peter to consult him, as he did not feel very well. Professor Peter states in a note published by him that he was struck with the countenance of the Colonel, which was expressive of profound suffering, and formed in his own mind an unfavourable prognosis. From the oppression evinced by the Colonel when he presented himself before the Doctor, and from other concomitant symptoms, the latter concluded that his malady was not of recent date, and expressed his astonishment that, if he was so oppressed in having ascended only a few steps, he could have supported the fatigues incidental to such an expedition as to that of Tonquin. To this the Colonel replied that when he felt his strength failing him he mounted his horse nevertheless, and ordered his men to watch and support him in case he should fall. At this moment Dr. Peter formed his diagnosis, which, although a posthumous one, is considered sufficient to refute the calumnious charges that were brought against him. "One of the consequences," the Doctor went on to say, "of cerebral anæmia to which the Colonel was subject was the absolute impossibility of his maintaining his equilibrium owing to the attacks that he felt at certain moments of symptoms of giddiness similar to those produced by the abuse of alcohol. Moreover, patients affected in this way wear a purple hue on their countenances, which are also bloated like those of persons whose necks are violently constricted. I am persuaded," added the Doctor, "that these external signs were sufficient to originate the terrible accusation that was brought against Colonel Herbinger." I send you this note that it may serve as a lesson to those who are ever ready to attribute to drunkenness the symptoms above described.

COW BYRES IN TOWNS.

At a recent meeting of the Council of Hygiene a discussion took place as to the advisability of preventing cows being kept in the town, alike on sanitary grounds, and because the milk of the animals so confined is prejudicial to health, on account not only of its deteriorated condition,

but of its being often a vehicle for the transmission of tuberculosis, with which the cows so situated are generally affected. No decision had been arrived at, as some of the members present admitted that, although the milk would be much improved by keeping the cows in the country, yet their presence in town is almost indispensable in a certain number of cases, and the risk of infection may be reduced to a minimum if the consumers would only boil the milk before they use it. This risk is considerably less in this country, as the inhabitants seldom or never drink raw milk.

Paris, June 1st.

NEW YORK.

(From our own Correspondent.)

AMERICAN MEDICAL ASSOCIATION.

THIS body met at St. Louis in annual session last week. The chief interest to the profession at large was its action in regard to the proposed International Medical Congress. It was rumoured that the Association would reinstate the old committee, but no such change was made, and the efforts to organise the Congress will continue on the present basis. It should be understood abroad that there is no hostility of the profession in this country to the Congress; but, on the contrary, there is the most cordial feeling in its favour, and it will be well attended.

SPLENECTOMY.

Dr. Polk exhibited a spleen which he had removed from a woman to the Surgical Section of the Academy. The peculiarity of the case was that he was performing Tait's operation, and, instead of finding diseased ovaries, he discovered a tumour lying between the bladder and uterus, which he proceeded to remove. There had been much inflammation about the tumour and many vessels were ligated. When removed, the tumour had so much the shape and appearance of a kidney that search was made for these organs, and both were found in position. It was then submitted to microscopical examination, and found to be a spleen. The patient made a good recovery.

AMERICAN PUBLIC HEALTH ASSOCIATION.

The next meeting of this body will be held at Toronto, Canada, in October, and the programme of the session has already been issued. There is much interest in the provinces in sanitary questions, and provincial boards of health have been organised. The widespread and disastrous epidemic of small-pox last year has intensified the interest of the people on health subjects, and the leading sanitarians have been desirous of having the Association meet with them for the purpose of awakening a more general public feeling in favour of the new health organisation. The meeting promises to be one of unusual prominence in the history of this powerful body.

AMERICAN SURGICAL ASSOCIATION.

This Association has just completed its seventh annual session. One of the most prominent topics of discussion was laparotomy for the purpose of diagnosis, the affirmative being strongly maintained. A proposition was entertained to unite in a congress no less than nine national associations of specialists, with the general title of "A Congress of American Physicians and Surgeons." This Congress is to meet annually at Washington, but each body is to maintain its separate organisation and publish its own transactions.

ANOTHER GIFT FROM THE VANDERBILTS.

The family of the late Mr. Vanderbilt have added another 500,000 dollars to the like sum given by Mr. Vanderbilt to the College of Physicians and Surgeons, making a total of 1,000,000 dollars to this old medical school. A few days since the corner stone of the new college buildings was laid with much ceremony, and it is the intention of the trustees to complete the structure in time for the next session.

THE CARTWRIGHT LECTURES.

This course of lectures before the *alumni* of the College of Physicians and Surgeons was given by Professor Osler of Philadelphia on "Certain Problems in the Physiology of the Blood." The first lecture was devoted to the so-called third corpuscle.

TRAINING SCHOOL FOR ATTENDANTS ON THE INSANE.

The medical officers of the Buffalo Asylum for the Insane have established a school for the training of attendants, and on April 20th a class of graduates, six in number, received certificates. The graduates were all attendants in the asylum, and they passed a very creditable examination.

New York, May 16th.

MEDICAL NOTES IN PARLIAMENT.

Contagious Diseases (Animals) Act.

IN the House of Lords, on the 28th ult., Earl Spencer moved the second reading of this Bill, stating that besides powers of minor importance which were taken by this Bill was that of bringing dogs under its provisions. In view of the prevalence of rabies in the country, Her Majesty's Government thought it very important to extend the powers of the Privy Council in this direction. The Duke of Richmond and Gordon, the Marquis of Huntly, and the Earl of Ravensworth having expressed approval of the measure, the motion was agreed to.

Lea River Purification Bill.

In the House of Commons, on the 28th ult., the Lea River Purification Bill was read a third time.

Metropolitan Asylums Board.

Mr. Stansfeld, in reply to Mr. Sclater-Booth, stated that it has been the practice for the managers of the metropolitan asylums district to have annual inspections of the Leavesden, Caterham, and Darenth Asylums, and the ship *Exmouth*. The chairmen and other influential members of the boards of guardians in the metropolis and representatives of the press are invited to attend on these occasions, and refreshments are provided. The cost of the four annual inspections in 1885 amounted to £245. This is a considerable reduction upon the amount expended in some previous years, and the Board trusts that the expenditure will be still further reduced. These annual inspections are the occasions when the asylums are officially visited by the managers, who are not on the committees for the management of those asylums.

Rating of Lunatic Asylums, &c.

In reply to Mr. Kimber, Mr. Stansfeld stated that he was not prepared to make any statement as to the scheme of local government contemplated by Her Majesty's Government; but he might say that he did not think it would be expedient to attempt to deal with questions as to the rating of particular classes of property in a Bill having for its primary object the constitution of local authorities and the determination of the areas within which they shall have jurisdiction. Such subjects would, he thought, find their more fitting place in a rating Bill. In reply to a further question, Mr. Stansfeld said that he did not expect to bring in such a Bill.

Belfast Main Drainage Bill.

On the 31st ult. a long discussion took place on an amendment to the Belfast Main Drainage Bill, proposed by Mr. Sexton. The amendment consisted in the insertion of a clause assimilating the qualifications of burgesses in the borough of Belfast to the qualification now existing in the borough of Dublin and in the boroughs of England and Scotland. The consideration of the Bill was ultimately adjourned to the 21st inst.

M. Pasteur's Experiments on Cattle.

In reply to Sir R. Paget, Sir U. Kay-Shuttleworth said that the attention of the Agricultural Department had been called to M. Pasteur's investigations regarding the contagious diseases of cattle, and, by way of a first step in the direction suggested by the hon. baronet, instructions had been given to Professor Brown to undertake a series of experiments with the virus of swine fever.

Medical Acts Amendment Bill.

The House went into Committee on this Bill, and clauses up to Clause 6 were agreed to with amendments. On Clause 7, Sir H. Roscoe moved an amendment which would have the effect of giving to the Victoria University and Durham University each a representative on the Council, instead of being linked together to return one member. Mr. F. S. Powell and Mr. Rathbone supported the amendment. Dr. Foster opposed it on the ground that it increased unduly the power of the corporations and universities in the Council as compared with the representation of the profession. Sir L. Playfair said that, although the general sense of the Com-

mittee appeared to be in favour of the amendment, he felt bound to adhere to the Bill as it stood. Sir J. Lubbock said his vote would be influenced largely by any information he might receive as to the extent of the constituency in the Victoria University. Dr. Foster supposed that the constituency would consist of from 50 to 100 medical graduates. After some further conversation the Committee divided, and the numbers were—for the amendment, 119; against it, 42.

Obituary.

HENRY MAC CORMAC, M.D.

IT is with sincere regret we have to announce the death of one of the oldest medical practitioners in Ireland. We refer to Dr. H. Mac Cormac, who died at his residence, Fisherwick-place, Belfast, on May 26th. The deceased gentleman, who for many years has been the father of the profession in this town, was born at the beginning of the present century, and had attained the advanced age of eighty-six years. Having studied at Dublin, Paris, and Edinburgh, he took his M.D. degree in the latter University in 1824, and in the same year became a Licentiate of the Royal College of Surgeons of Edinburgh. He then proceeded on extensive foreign travel, journeying first to Africa. He visited the Cape of Good Hope, and went to Sierra Leone by land. During this voyage he had an attack of jungle fever, to which he nearly succumbed. After his return to England, he made a lengthened visit to North America, which he repeated. Soon afterwards he commenced practice as a physician in Belfast, where his abilities and professional knowledge were speedily recognised, as evidenced by his appointment to the post of physician to the Royal Hospital, then known as the Belfast Fever Hospital. In 1832, when the first epidemic of Asiatic cholera visited Belfast, being then only thirty-two, Dr. Mac Cormac was appointed to take charge of the Cholera Hospital, and so thoroughly were his services appreciated at this critical time by his fellow-townsmen that they presented him with a valuable testimonial. He was subsequently appointed visiting physician to the Belfast District Lunatic Asylum, an office which he held up to the time of his death. He soon brought about a marked change in the condition of the inmates by his insistence upon more generous dietary, and it is worth noting that while in all other public institutions during a subsequent attack of cholera death from that malady was but too prevalent, there was not a single death in the asylum. The deceased was also for a time Professor of the Theory and Practice of Medicine in the Royal Belfast Institution, and a Corresponding Member of the National Institution of Washington. For many years he enjoyed an extensive consultation practice, but he gradually became more devoted to literary and scientific study until, about twenty years ago, he relinquished the active duties of the profession, and devoted himself to writing works on a variety of subjects. The topics, however, on which he most insisted were his method of prevention and treatment of consumption and the danger of inhaling prebreathed air. He insisted most strongly on the necessity of the abundance of pure air, as, he writes, "Pure, fresh, untainted air, at all hours, at all times, and in all places, is the one condition with which nothing should be allowed to interfere." He was also a most ardent advocate of active physical exercise in the preservation of health. During his long and busy career, Dr. Mac Cormac contributed most extensively to the literature of medicine, and amongst the works which he produced were: "A Treatise on Stammering," "The Philosophy of Human Nature," "Methodus Medendi, or the Practice of Medicine," "Translation of Antoninus Epictetus," "Aspirations from the Inner—the Spiritual Life," "Metanoia—a Plea for the Insane," "The Nature and Treatment of Asiatic Cholera," "Proposal for the Painless Extinction of Life in Animals designed for Human Food," "Consumption as Engendered by Prebreathed Air" (which reached a second edition and was translated into German, Dutch, and other languages), "On the Prophylaxis and Arrest of English and Asiatic Cholera by Dilute Acids, especially Dilute Sulphuric Acid," "On the Open-air Treatment of Fever and of Febrile Eruptive Maladies," "Synthesis as taking the place of Analysis in Education," "Etiology of Tubercle," "The Conversation of a Soul with God," and "Moral Secular Education for the Irish People." The above contributions show that Dr. Mac Cormac was a man of most versatile genius, and as an evidence of his cultivation it has been stated that he possessed a knowledge of at least twenty languages. At the time of his death he had in course of preparation for his publishers, MSS. on the subjects of "Philology" and "Insanity." He was held in the very highest respect by the inhabitants of Belfast, whose welfare he had always so much at heart: and his death is deeply deplored by his medical brethren, who looked on him as one who, by his broad sympathies and kindly nature, as well as by his brilliant scientific attainments and writings, had done much to raise the status of the medical profession. Dr. Mac Cormac was the father of Sir William Mac Cormac of St. Thomas's Hospital. The funeral took place on Saturday last, when nearly all the medical men of Belfast were present, as well as a large number of the inhabitants.

Medical News.

UNIVERSITY OF DUBLIN.—The following degrees were conferred last week:—

BACHELOR OF MEDICINE.—Patrick Colley Pounden.
DOCTOR OF MEDICINE.—John Allman Powell.

ROYAL UNIVERSITY OF IRELAND.—The following degrees were conferred last week at a public meeting of the University:—

DOCTOR OF MEDICINE.—James Bradley, John Lockhart Livingston, Cornelius Bradley, George Browne, James Chambers, George Freud, R. B. Gorsuch, R. Nixon, R. H. Wagner, J. J. Attridge, J. K. Close, E. Curtin, S. H. Dunlop, E. B. Hazleton, George A. Junk, T. A. Kane, L. Lyttle, W. E. MacFeeters, John Menary, William Mulligan, Wm. N. Murphy, A. T. Nash, Joseph O'Connor, Chas. O'Neill, W. J. Richardson, M. J. Robinson, J. T. Shaw, A. E. Thomson, F. E. Townsend, G. R. Young.

BACHELOR OF MEDICINE.—James Donelan, Francis C. Browne-Webber, Bernard Forde, G. F. Ewens, J. J. Tobin.

MASTER OF SURGERY.—C. Bradley, James Bradley, James Chambers, J. K. Close, Eugene Curtin, James Donelan, S. H. Dunlop, J. F. Eagleton, Robert English, John Flynn, Bernard Forde, George Freud, R. M. Griffin, M. H. Hannigan, Daniel Lee, J. L. Livingston, W. E. MacFeeters, John Menary, S. Moore, Wm. Murphy, R. Nixon, John Oliver, C. O'Neill, Wm. Orr, Wm. Richardson, A. Thompson, A. Thomson, F. E. Townsend, R. H. Wagner, G. R. Young.

MASTER OF OBSTETRICS.—C. Bradley, J. Livingston, J. Attridge, J. Bradley, G. Browne, J. K. Close, Eugene Curtin, George Freud, R. B. Gorsuch, Daniel Lee, John Menary, Wm. Milligan, Samuel Moore, R. Nixon, J. W. Oliver, C. O'Neill, W. R. Orr, R. H. Wagner, John Blair, G. Garry, John Lynham, James McEvoy, John Wheeler.

SOCIETY OF APOTHECARIES.—The following gentlemen passed their examination in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise, on the 27th ult.:—

Cross, Robert George, M.R.C.S., Petersfield.
Mitchell, A. Waldegrave, Slane House, Wandsworth-common.
Smith, Robert Bramwell, Pin Mill Brow, Ardwick, Manchester.
Williams, Lionel Henry, M.R.C.S., Beaconsfield-road, Bristol.

DR. ROBERT GEE has been placed upon the Commission of the Peace for the city of Liverpool.

THE annual festival on behalf of the Hospital for Sick Children, Great Ormond-street, was held on the 27th ult. Subscriptions amounting to £1456 were announced.

AT a meeting of the Middlesex magistrates on May 27th, the salary of Dr. Diplock, coroner for the western division of the county, was increased from £800 to £1000.

THE annual meeting of the supporters of the London Temperance Hospital was held on the 27th ult., when a satisfactory report was presented.

A MATINÉE in aid of this year's Hospital Saturday Fund is announced to take place on the 16th inst., at the Gaiety Theatre, when occasion will be taken to present an adaptation of Sardou's "Les Vieux Garçons."

ARRANGEMENTS are being made for holding a public meeting in the Holborn Town Hall on the 25th inst., to lay the claims of the hospitals and dispensaries of the district before the people of the metropolis, and to excite public interest in Hospital Sunday. The chair is to be occupied by the Duke of Westminster, and the Duke and Duchess of Connaught are expected to be present.

THE sixty-fourth half-yearly election of candidates for the Royal Hospital for Incurables was held on the 28th ult. There were 25 vacancies to be filled, and for these there were 154 candidates.

AT Old Hill, Rowley Regis, recently, a young woman named Hancox, who is said to be under eighteen years of age, gave birth to triplets—sons. The young mother and children are doing well.

DR. FREDERICK N. PALMER, a well-known Boston physician, jumped overboard with his little grandson from the Boston and Portland steamer *John Brooks*, while out at sea on the night of the 10th ult.; both were lost.

THE annual meeting of the members of the Victoria Institute or Philosophical Society of Great Britain was held on the 28th ult., when an address was delivered by Professor Hull, F.R.S., the director of the geological survey of Ireland.

SINCE the 28th ult., five people have been bitten by rabid dogs in Huddersfield and the neighbourhood. Four have already left for Paris to be treated by M. Pasteur, their expenses being defrayed by public subscription.

A SURGEON at Cheltenham has been fined £10 and costs for making a false declaration on a certificate of death. He stated that he had attended a deceased woman during her illness, whereas he had only seen her half an hour after death.

PRESENTATION.—Mr. Dale, M.R.C.S., L.R.C.P., Ed., has been presented by the members of the Devizes Independent Lodge of Oddfellows, with an emblem and certificate of membership, in token of their appreciation of his services as medical officer to the lodge.

DR. SEDGWICK SAUNDERS, the medical officer of health, reported at a meeting of the City Commission of Sewers on the 1st inst., that during the past week 315 houses in the City had been inspected, and that of these fifteen required sanitary improvement.

BROMPTON CONSUMPTION HOSPITAL.—At the annual court of the governors of this charity on the 27th ult. it was reported that 1955 in-patients, and 13,805 new out-patients had received advice and treatment during the past year. The total income had amounted to £26,222, and the expenditure to £24,780.

THE new sewerage works at Sheffield, which include main sewers throughout the town, and an elaborate series of tanks, machinery, and appliances for purifying the sewage before it is discharged into the river Don, were opened on the 2nd inst. The cost has amounted to upwards of £140,000.

CONVICTION OF AN ASYLUM ATTENDANT.—At the Taunton Assizes, on the 29th ult., Edward Hill, asylum attendant, was sentenced to twelve months' imprisonment for the manslaughter of Frank Barnes, an inmate of the Wells Asylum, whom he allowed to get fatally scalded in a bath.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Professor Henry Power, F.R.C.S., will commence his course of lectures on Monday, June 7th, at 4 o'clock, on the "Diseases of the Lacrymal Organs." The library of the College will be closed on Wednesday and Thursday, June 9th and 10th.

THE MIDLAND MEDICAL BENEVOLENT SOCIETY.—The sixty-fourth annual general meeting of the members of this Society was held at the Grand Hotel, Birmingham, on the 28th May, under the presidency of Mr. C. A. Newnham, who is succeeded by Dr. James Johnston. The directors reported that during the year 1885 £430 had been expended in grants to fifteen annuitants; two of these spontaneously signified their intention not to seek further help from the Society in consequence of the improved state of their affairs. The roll of benefit members is now 268, and the capital of the Society on the 31st of last December was £10,805 0s. 3*d.*, which is steadily on the increase. Mr. Bartleet and Sir J. Sawyer were reappointed treasurers, and Dr. Thomas Savage was re-elected hon. secretary; also the following gentlemen were added to the Court of Directors: Dr. Rickards, Mr. H. M. Morgan, and Mr. Priestley Smith.

UNIVERSITY COLLEGE HOSPITAL.—A fancy dress ball in aid of the funds of this hospital, took place at Willis's Rooms on June 1st. The attendance was very large and the room presented a most brilliant appearance. The Lord Mayor and sheriffs testified to their interest in this deserving charity by being present. The company included many persons of distinction in society, and in the military, artistic, legal, scientific, and medical professions. Dancing was continued till the small hours.

HARROGATE SULPHUR WATERS.—On the 29th ult. the first sod of new reservoirs for the storage of sulphur water was turned at Harrogate. The extent of the demand for this class of water may be gathered from the circumstance that no less than 27,000 sulphur baths were given in the year 1884. The scheme inaugurated on Saturday will not only enable this service to be increased so as to supply 35,000 baths annually, but by a device to be adopted the essential properties of the water will be so retained as to add to its usefulness in a considerable degree. The scheme provides for the construction on one site of a series of a dozen reservoirs for the storage of the sulphur water at a cost of about £4000. Each tank will be 20 feet square and 13 feet deep, and hold 31,000 gallons; the twelve thus giving a total storage of 372,000 gallons. The reservoirs will be constructed of brick in cement, and have a concrete foundation, and will be covered over with concrete arches supported upon iron girders. Above this asphalte will be placed, and the whole turfed over so as to present a flat surface.

SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—A meeting of this Society was held in the rooms of the Medical Society of London on the 27th ult., the President, Dr. Norman Kerr, in the chair. The first paper was by Dr. T. D. Crothers, Hartford, Conn., U.S.A., editor of the *Journal for Inebriety*, on the Sanitary Aspect of Inebriety. Dr. Crothers pointed out the very great influence which inebriety wielded over the general health of the community, by increasing the susceptibility to sickness, and by diminishing the recuperative power, as well as by causing an enormous premature mortality. At the lowest computation, it was reckoned that in the United States 60,000 lives were annually prematurely terminated by personal alcoholic excess. The proportion of crime caused by inebriety was calculated in Canada at 98 per cent.; in New York city at 80 per cent.; and over America generally at 50 per cent. and upwards. Inebriety was a true disease, and must be treated as such. Professor Justus Radius, of Leipsic, read a paper on Delirium Tremens, stating that he had found the plan of giving the patients a hip bath at 91 deg. Fahr. very useful. Two or three buckets of water, at 51 deg. Fahr., were thrown over the upper part of the body. All this was followed by friction with coarse linen. Sleep was thus often induced.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—The annual general meeting of the Society was held at 53, Berners-street, on May 19th, at 5 P.M., the President, Sir James Paget, in the chair. The death of Dr. Harvey Kingston Owen, a Vice-President, was announced, and a vote of condolence to the family passed. The report of 1885 was read, and showed a decrease of three members on those of the year before, the total number of members being 363, out of a possible 4000. The number of widows receiving grants had increased from sixty-one to sixty-four, and one orphan had been added to the list. The grants during the year had amounted to £3028, the largest sum ever given. The expenses of the year were £220. The receipts during the year had not sufficed to pay the grants and expenses, and the deposit account had been drawn upon to the extent of £103 to make up the deficit. A legacy of £100 had been received from Dr. Nathaniel Rogers, and had been invested in accordance with the bye-laws. The grant of £26 was made to a widow under Law 78. A vote of thanks to the editors of the medical journals for their assistance in making public the objects of the Society was carried unanimously. Sir William Bowman and Dr. Iliff were elected Vice-Presidents to fill the vacancies in the list; and the following gentlemen were added to the directorate: Mr. T. H. Smith, Mr. Merriman, Mr. Vasey, Mr. Hutchinson, Dr. Godson, and Dr. Potter. The best means of extending the Society and of inducing members to join were discussed. The Secretary mentioned the case of a widow who had received for herself and children £2272, her husband having only paid eighteen guineas subscriptions.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BEAN, CHARLES E., M.R.C.S., L.R.C.P.Lond., has been appointed Surgeon to the Devon and Cornwall Ear and Throat Hospital, Plymouth.

BREACH, JAMES H., M.R.C.S., L.S.A., has been appointed Medical Officer for the Fifth District of the Bradfield Union.

COX, A. H. LISSANT, L.S.A., has been appointed House-Physician to King's College Hospital, vice T. G. Lewis, resigned.

CROPLEY, H., M.R.C.S., has been appointed House-Surgeon to the London Hospital.

EAST, CHARLES E., M.R.C.S., L.S.A., has been appointed House-Surgeon to King's College Hospital, vice E. A. Hughes, resigned.

EVENS, G. F. W., M.B.Dub., M.R.C.S., L.R.C.P., has been appointed Assistant House-Physician to King's College Hospital, vice A. H. L. Cox, resigned.

GARRY, T. GERALD, M.D., M.Ch., M.A.O., has been appointed Resident Physician to the Ben Rhydding Hydropathic Establishment, vice Dr. Little, appointed Consulting Physician.

GOWING, B. C., M.R.C.S., L.S.A., has been appointed Medical Officer to the Workhouse of the Penistone Union.

HALL, FREDERICK, M.D., has been appointed Honorary Physician to St. Mary's Cottage Hospital, Southampton, vice Knapton, resigned.

HARRIS, JOHN B., M.D., has been appointed Medical Officer to the Postal District of Lower Norwood.

HUBBARD, D. L., M.R.C.S., L.S.A., has been appointed House-Surgeon to King's College Hospital, vice E. H. Smith, resigned.

HUGHES, EDGAR, M.R.C.S., L.R.C.P., L.S.A., has been appointed Ophthalmic Clinical Assistant to King's College Hospital, vice J. F. Harries, resigned.

JACKSON, GEORGE, F.R.C.S.Eng., L.R.C.P.Lond., has been appointed Surgeon to the Devon and Cornwall Ear and Throat Hospital, Plymouth.

JACOMB-HOOD, CHARLES J., M.R.C.S., L.S.A., has been appointed Physician Accoucheur's Assistant to King's College Hospital, vice Frank Penny, resigned.

JELLEY, RICHARD, M.R.C.S., L.S.A., has been appointed Deputy Coroner for the Totnes District.

LAVIES, HARRY B., M.R.C.S., L.S.A., has been appointed House-Surgeon to King's College Hospital, vice A. Carless, resigned.

O'MEARA, P. A. T., L.R.C.P., M.R.C.S., has been appointed Assistant House-Accoucheur to King's College Hospital, vice C. J. Jacomb-Hood, resigned.

SCHACHT, FRANK F., B.A., M.B.Cantab., &c., has been appointed Physician to the Westminster General Dispensary.

SMITH, FREDERICK OSBORNE, M.R.C.S., L.K.Q.C.P.I., and L.M., has been appointed Surgeon to the Surgical Appliance Society, Finsbury-circus, E.C.

STOOKES, ALEXANDER, M.B., C.M., L.R.C.S., has been appointed Head Surgeon to the Liverpool South Dispensary.

WALKER, NORMAN P., M.B., C.M.Ed., has been appointed Medical Officer for the Dalston District of the Carlisle Union.

WESTBY, GEORGE, M.L. & L.M.K.Q.C.P.I., L.R.C.S.I., has been appointed Honorary Medical Officer to No. 6 District of the Ladies' Charity and the Lying-in Hospital, Liverpool.

WILLS, W. A., M.B.Lond., has been appointed Resident Clinical Assistant to the Brompton Hospital for Consumption and Diseases of the Chest.

Births, Marriages, and Deaths.

BIRTHS.

BOUSFIELD.—On the 28th ult., at Old Kent-road, S.E., the wife of Edward C. Bousfield, L.R.C.P.Lond., of twins (son and daughter).

FARNELL.—On the 28th ult., at The Goffs, Eastbourne, the wife of Henry D. Farnell, F.R.C.S., of a son.

GABB.—On the 28th ult., at Copthorne, Guildford, Surrey, the wife of J. Percy A. Gabb, M.D.Lond., of a son.

GRIFFITH.—On the 28th ult., at Harley-street, W., the wife of Walter S. A. Griffith, M.B., F.R.C.S., of a son.

HULSEBERG.—On the 30th ult., at Maidstone, the wife of Brigade-Surgeon Hulseberg (R.F.), Medical Staff, of twins (sons).

LUNN.—On the 30th ult., the wife of John R. Lunn, F.R.C.S.Ed., Medical Superintendent of the New Saint Marylebone Infirmary, Notting-hill (prematurely), of a son, who survived his birth only a few hours.

PENNY.—On the 25th ult., at Marlborough, Wilts, the wife of Edward Penny, M.D., of a son.

UPTON.—On the 22nd ult., at Medina-villas, Brighton, W., the wife of H. Chrippes Upton, L.R.C.P., of a son.

WARD.—On Feb. 24th, at Pietermaritzburg, Natal, South Africa, the wife of Charles Ward, M.R.C.S.Eng., L.R.C.P.Ed., F.R.G.S., District Surgeon, Umgeni Division, of a son.

MARRIAGES.

ACKLAND—STUBBS.—On the 1st inst., at St. Mark's, Surbiton, Charles Kingsley Ackland, L.R.C.P.Lond., M.R.C.S., to Edith Stubbs, of Maple-road, Surbiton.

BAKER—GLASSPOOL.—On the 27th ult., at All Saints' Church, Southampton, Thomas Baker, M.R.C.S., L.S.A., of Waterloo-Ville, Cosham, Hants, to Laurie Hannah, only daughter of John T. Glasspool, of West Marlands, Southampton.

GARROD—SMITH.—On the 27th ult., at St. Thomas's, Portman square, Archibald Garrod, M.B., M.R.C.P., M.R.C.S., of Chandos-street, Cavendish-square, to Laura Elizabeth, eldest daughter of Thomas Smith, Esq., of Stratford-place, W.

HUNT—VAUGHAN.—On the 31st ult., at Camberwell, Lewis Gibson Hunt, M.D., of Sheffield, to Emma Lydia Flora, daughter of the Rev. James Stuart Vaughan, M.A., Chaplain of Bethlem Royal Hospital.

LANG—STEWART.—On April 15th, at St. John's Church, Ocho Rios, Jamaica, Alexander Morrison Lang, M.B., to Wilhelmina Ann, youngest daughter of James Stewart, Esq., of Shaw-park, St. Anne's, Jamaica, and formerly of the 22nd Regiment.

MEEK—SALVAGE.—On the 2nd inst., at the Wesleyan Church, Roupell-park, by the Rev. Charles W. Prest, brother-in-law of the bridegroom, assisted by the Rev. Wm. Hawken, John William Meek, M.D.Lond., son of the late John Meek, Esq., of Macclesfield, to Emmeline, eldest daughter of Samuel Salvage, Esq., of West Dulwich.

PERKINS—RUMBALL.—On the 2nd inst., at All Saints', Carshalton, Surrey, Alfred Temple Perkins, M.R.C.S., L.R.C.P.Ed., to Emily Kate Rumball, niece of George R. Forster, Esq., of Warwick House, Carshalton.

TRATMAN—PORTER.—On the 2nd inst., at the Parish Church of Westbury-upon-Trym, Bristol, by the Rev. Wm. Cartwright, Vicar, assisted by the Rev. H. H. Streeten, M.A., Frank Tratman, M.B.Lond., L.R.C.P., M.R.C.S., Government Medical Officer of Gascoyne, Western Australia, fourth son of A. R. Tratman, of Berkeley-square, Clifton, Bristol, to Mary Lydia Waltham, only daughter of Christopher W. Porter, of Redland, Bristol.

WEST—WALFORD-GOSNALL.—On the 2nd inst., at the Church of St. John the Evangelist, Fitzroy-square, W., John Arthur West, L.R.C.P., M.R.C.S., to Emma Louisa, younger daughter of J. D. Walford-Gosnall, of Museum-street, Ipswich.

DEATHS.

COX.—On the 23rd ult., at Clifton, Surgeon-General Charles Lindsay Cox, Retired List, H.M. Bengal Army.

JONES.—On the 22nd ult., at Henblas, Bala, Merionethshire, Richard Owen-Jones, Esq., M.R.C.S.Eng., L.S.A.Lond., in his 49th year.

KIRKWOOD.—On the 7th ult., at Madras (suddenly), of fever, Surgeon-Major T. M. Kirkwood, Medical Staff.

MAC CORMAC.—On the 28th ult., at his residence, Belfast, Henry Mac Cormac, M.D., Consulting Physician to the Royal Hospital, aged 56.

MONTEITH.—On the 2nd inst., at Oak Holm, Parklands, Surbiton-hill, Lowry John Monteith, Fleet Surgeon, Royal Navy, retired, aged 68.

PALEY.—On the 31st ult., at his residence, Addison-road, Kensington (after a short illness), Edward Paley, M.R.C.S., in his 61st year.

WARD.—On April 17th, at Pietermaritzburg, Natal (after fifty-two days' illness), of enteric fever, phlebitis, and pyæmia, Dorothea Agnes, the beloved wife of Charles Ward, District Surgeon, Umgeni Division.

WARD.—On April 29th, at Pietermaritzburg, Natal, Reginald James Yorke Ward, son of Charles Ward, District Surgeon, Umgeni Division, aged two months and five days.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

BOOKS ETC. RECEIVED.

APPLETON & Co., New York.
Transactions of the American Gynecological Society. Vol. X., for 1885. pp. 357, with Illustrations.

ARGUS COMPANY, Albany, U.S.A.
Third Annual Report of the Bureau of the Statistics of Labour of the State of New York for the year 1885. pp. 658.

BAILLIÈRE, TINDALL, & COX, King William-street, Strand, London.
The Voice, Musically and Medically Considered. By Armand Semple, B.A., M.B.Cantab., &c. pp. 128, with Illustrations.

BELL, G. & SONS, York-street, Covent-garden.
Manual of Operative Surgery. By W. Arbuthnot Lane, M.B., M.S., F.R.C.S. pp. 276, with Illustrations.

BERGMANN, J. F., Wiesbaden. THÜBNER & Co., London.
Habitual Constipation and its Treatment by Electricity, Massage, and Water. By Georg Hünerfauth, M.D.

BRIGGS, W., Toronto.
Manual of Hygiene for Schools and Colleges. Prepared by the Provincial Board of Health, Ontario. pp. 293.

BRIGHT, J. F., Bournemouth.
Bright's Guide to Bournemouth. Edited by C. H. O. Curtis, F.S.A. pp. 182, Illustrated.

BUREAU DU PROGRÈS MÉDICAL, Paris.
Traité élémentaire d'Anatomie Médicale du Système Nerveux. Par Dr. Ch. Féré. pp. 494.

CASSELL & Co., London, Paris, New York, & Melbourne.
Materia Medica and Therapeutics. By J. Mitchell Bruce, M.A., M.D. Third Edition. pp. 582.

CHURCHILL, J. & A., New Burlington-street, London.
Notes on Analytical Chemistry for Students in Medicine. By A. J. Bernays, Ph.D., F.C.S., &c. Second Edition. pp. 120.
What is Consumption? By G. W. Hambleton, L.R.Q.C.P.I. pp. 64.
A Manual of Practical Therapeutics. By B. J. Waring, C.I.E., M.D. Fourth Edition. Edited by D. W. Buxton, M.D., B.S.Lond.
Inflammations of the Liver and their Sequelæ. By Dr. George Harley, F.R.S. pp. 142.
On Inversion of the Uterus; with eleven cases successfully treated by the Sigmoid Repositor. By J. H. Aveling, M.D. pp. 54.
On Cancer of the Mouth, Tongue, and Alimentary Tract; their Pathology, Symptoms, Diagnosis, and Treatment. By F. B. Jessett, F.R.C.S. pp. 309, with Illustrations.

Regional Surgery, including Surgical Diagnosis. By F. A. Southam, M.A., M.B.Oxon., F.R.C.S. Part III.: The Abdomen and Lower Extremity. pp. 861.
Companion to the latest Edition of the British Pharmacopœia. By Peter Squire. Fourteenth Edition, revised by P. W. Squire, F.L.S., F.C.S., and A. H. Squire. pp. 526.

GRIFFIN & Co., Exeter-street, Strand, London.
The Year-book of the Scientific and Learned Societies of Great Britain and Ireland. Third Annual Issue. pp. 236.

KEGAN PAUL, TRENCH, & Co., Paternoster-square, London.
Microbes, Ferments, and Moulds. By E. L. Trouessart. pp. 314, with 107 Illustrations.

KIMPTON, HENRY, High Holborn, London.
The Medical Annual and the Practitioner's Index, for 1885-6. pp. 266.

LONGMANS, GREEN, & Co., Paternoster-row, London.
Conference on Temperance Legislation, London, 1886 (Trans. Nat. Assoc. Prom. Soc. Sci.). pp. 192.

MACMILLAN & Co., London.
The International Encyclopædia of Surgery. Edited by John Ashhurst, jun., M.D. In Six Volumes. Vol. VI. pp. 1272, with Chromo-lithographs and Woodcuts.

MOORE, W. H., Madras.
A Manual of the Diseases of the Elephant, and of his Management and Uses. By J. H. Steel, V.S., A.V.D., &c. pp. 99, Illustrated.

NATIONAL PUBLISHING COMPANY, Featherstone-buildings, London.
Prison Despotism: A Personal Narrative. By Dr. M'Cook Weir. pp. 363.

NEW SYDENHAM SOCIETY, London.
Recent Essays by various Authors on Bacteria in relation to Disease. Selected and edited by W. Watson Cheyne, M.B., F.R.C.S. pp. 650, with Plates, some Coloured.

PUTNAM'S SONS, New York & London.
The Disorders of Menstruation. By John N. Upshur, M.D. pp. 200.

SAMPSON LOW, MARSTON, SEARLE & RIVINGTON, Crown-buildings, Fleet-street, London.
The Baths, Bathing, and Attractions of Aix-les-Bains, Savoy. By W. Wakefield, M.D. pp. 223.

SHAW & SONS, Fetter-lane, London.
The Sale of Food and Drugs Acts, 1875 and 1879; with Notes and Cases. By W. J. Bell, B.A., LL.M. pp. 101.

SMITH, ELDER, & Co., Waterloo-place, London.
Dictionary of Practical Surgery. By various British Hospital Surgeons. Edited by Christopher Heath, F.R.C.S. In Two Volumes. pp. 970-884.
Von Ziemssen's Handbook of General Therapeutics. Vol. V.: General Orthopædics, Gymnastics, and Massage. By Prof. Dr. Friedrich Busch. Hydrotherapeutics by Dr. W. Winternitz. pp. 624.
Manual of Pathological Histology by Cornil and Ranvier. Second Edition, re-edited and enlarged. Translated by A. M. Hart. Vol. II. Special Pathological Histology: Part II. pp. 774, with numerous Illustrations.

STANFORD, EDWARD, Charing-cross.
Practical Notes on the Treatment of Deformities. By Henry F. Baker, F.R.C.S.Eng. pp. 72, with Illustrations.

SWAN SONNENSCHEIN, LE BAS, & LOWREY, Paternoster-square.
The Naturalist's Diary: a Day-book of Meteorology, Phenology, and Rural Biology. Arranged and edited by Charles Roberts, F.R.C.S., &c. pp. 384, with Chart.

UNWIN, T. F., Paternoster-square.
Medical Missions, their Place and Power. By John Lowe, F.R.C.S. With Introduction by Sir Wm. Muir, K.C.S.I., &c. pp. 292.

Glycosuria and the Treatment of Diabetes; by Wm. Squire, M.D.—On the Rational Alimentation of the Labouring Classes; by Capt. M. P. Wolff, F.S.S. (Allen & Co., Waterloo-place).—Études Cliniques et Physiologiques sur la Marche; par le Dr. G. de la Tourette.—Erkenntniss und Behandlung der Frauenkrankheiten im Allgemeinen; von Dr. C. C. T. Litzmann. (Hirschwald, Berlin).—Le Rein dans ses Rapports avec le Diabète; par le Dr. P. S. Ingiessis. (Coccoz, Paris).—Colonial and Indian Exhibition Railway Guide and Route Book.—Boycotting in the County of Cork.—La Litolopaxia; por el Dr. A. Settier.—Arsberättelse fran Sabbatsberg i Stockholm för 1884; afgifven af Dr. F. W. Warfvinge.—New Theory and Old Practice in relation to Medicine and Certain Industries; by Surgeon-General C. A. Gordon, M.D. (Williams and Norgate).—Diet in relation to Age and Activity; by Sir H. Thompson, F.R.C.S. (Kegan Paul & Co.)—Index Medicus, Vol. VIII., No. 4.—Charles Darwin; by H. W. S. Worsley-Benison, F.L.S. (Scers).—Primera Serie de Diez Ovariotomias; por el Dr. D. Miguel A. Fargas.—Contra-indications for Visiting the High Altitudes; by A. Tucker Wise, M.D. (Churchills).—Guide to Carlsbad; edited by W. Schacht & Co.—La Limonea Cloroidrica nell' ultima Pandemia di Colera; pel Dr. Cav. Ottavio de Stefano.—Experimental Researches upon Tuberculosis and Scrofula; by Edwin Wooton.—Notes on the Pictures of Mr. Holman Hunt; with Criticisms by John Ruskin, LL.D. (Reeves).—Good Words and Sunday Magazine for June. (Isbister).—Leisure Hour, Sunday at Home, Boys' Own Paper, Girls' Own Paper, for June.—Transactions of the Alumni Association of the Woman's Hospital in New York.—L'Année Médicale, 1885. (Plon, Nourrit et Cie, Paris).—Climate and Health in Australasia; edited by Jas. Bonwick, F.R.G.S.—Hydrophobia: M. Pasteur and his Methods; by T. M. Dolan, M.D., F.R.C.S.—Among the Tetchas of Central Asia. (Southern Publishing Company, Fleet-street).

Medical Diary for the ensuing Week.

Monday, June 7.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.; Tuesdays, same hour.
CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M.; Thursday, 2 P.M.
HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITALS.—Operations, 2 P.M., and each day in the week at the same hour.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Henry Power On the Diseases of the Lacrymal Organs.
ROYAL INSTITUTION OF GREAT BRITAIN.—5 P.M. General Monthly Meeting.
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Communications from Messrs. S. J. Hutchinson, W. St. George Elliott, and A. Morton Smale.—Mr. T. W. Groves: Practical Microscopy in application to Odontology.

Tuesday, June 8.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.
CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 3.30 P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. Arthur Gamgee: The Function of Circulation.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. Chavasse: On a case of Multiple Neuromata.—Dr. Angel Money: Some Statistics of Pneumonia, with especial reference to the Relations of Delirium and Temperature.—Dr. Gervis: A case of Extra-uterine Gestation.

Wednesday, June 9.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour. Ophthalmic Operations, Tuesdays and Thursdays, 1.30 P.M.
ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department, Tuesdays and Fridays, 9.30 A.M.
ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M.; Saturday, same hour.
LONDON HOSPITAL.—Operations, 2 P.M.; Thursday & Saturday, same hour.
GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department, 1.45 P.M.; Saturday, 9.15 A.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M., and on Saturday.
KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.; and on Friday, 2 P.M.; and Saturday, 1 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Henry Power: On the Diseases of the Lacrymal Organs.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. F. R. Cheshire: Device for the Better Examination of Bacteria in Culture Tubes.—Dr. H. M. Crookshank: On Photomicrography.
EPIDEMIOLOGICAL SOCIETY OF LONDON.—8 P.M. Dr. Thorne Thorne: The International Sanitary Conference of Rome, 1885.—Mr. Bolton G. Corney: The Recent Prevalence of Cerebro-spinal Fever among Polynesian Immigrants.
BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown. Dr. Grigg: Pyosalpinx in the Puerpera.

Thursday, June 10.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Professor Alexander Macalister: Habit as a Factor in Human Morphology.
OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.—8.30 P.M. (1) Mr. S. Snell: Embolism of the Central Artery of the Retina occurring in a case of Puerperal Septicæmia; (2) Cholesterine in a case of Detached Retina.—Mr. R. Brudenell Carter: (1) Case of Foreign Body embedded innocuously in the Retina; (2) On some Points in Cataract Extraction.—Mr. W. O. Maber: (1) A Rare Case of Exophthalmic Goitre; (2) Case of Retinal Detachment.—Dr. Stephen Mackenzie (for Dr. Davidson): Fatal Meningitis after Enucleation.—Mr. J. B. Lawford: New Tissue Formation in Choroid and Retina. (Living and Card Specimens at 8 P.M.)

Friday, June 11.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Henry Power: On the Diseases of the Lacrymal Organs.
ROYAL INSTITUTION OF GREAT BRITAIN.—9 P.M. Professor Dewar: Meteorite Problems.

Saturday, June 12.

MIDDLESEX HOSPITAL.—Operations, 9 P.M.
ROYAL INSTITUTION OF GREAT BRITAIN.—3 P.M. Prof. G. G. Stokes: Light, with special reference to Effects resulting from its Action on Various Substances.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET Office, June 3rd, 1886.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
May 28	29·90	W.	55	47	107	61	47	·06	Cloudy
,, 29	29·88	S.W.	55	49	96	64	46	...	Cloudy
,, 30	29·96	S.W.	60	52	99	66	47	·01	Cloudy
,, 31	30·03	E.	57	53	116	69	49	...	Hazy
June 1	29·85	S.E.	59	57	107	74	57	·01	Overcast
,, 2	29·93	S.W.	60	52	111	76	52	·28	Fine
,, 3	30·11	E.	52	50	86	57	50	...	Overcast

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

We cannot undertake to return MSS. not used.

TEREBENE RASH.

REFERRING to the case of terebene rash published in our issue of the 22nd ult., Mr. Lascelles Scott has written describing a similar rash produced on himself after the use of a certain sample of terebene, other specimens having been used without any inconvenient result. Upon examination the sample was found to contain a little admixed or unaltered turpentine, a resinous body, and a comparatively large quantity of peroxide of hydrogen. The natural inference is that the rash is produced not by the terebene *per se*, but by some impurity existing in the particular sample employed. Mr. Lascelles Scott concludes by expressing the opinion that all terebene for medicinal use should be carefully tested, and all that is not free from H_2O_2, unchanged turpentine, and dissolved resin should be rejected.

Dr. F. P. Atkinson.—The battery can no doubt be obtained through any first-class philosophical instrument maker.

"A ROUGH-AND-READY MEDICAMENT."

To the Editor of THE LANCET.

SIR,—The reference which Dr. Curran asks for in your last issue is to be found in Baron Larrey's "Mémoires et Campagnes," vol. iv., p. 237. The incident occurred to Marshal Lannes during Napoleon's advance into Spain—not during the retreat from Moscow. His horse having fallen with him whilst crossing a mountain range near Tolosa, the Marshal sustained several severe and dangerous bruises. He was at once wrapped in the warm skin of a newly slain sheep, and was able in two days to resume his command. This must be regarded as a rough-and-ready method of applying the wet pack. With regard to the question whether this practice is to be found among "primitive or remotely situated people in our midst," the custom of Highland seers, up to a late period, of wrapping themselves in the hide of a recently slaughtered bull may be mentioned. This was, however, for distinctly prophetic purposes; I am not aware that it was employed by them for medical purposes. But with primitive people medicine is rarely divorced from religious practices, and the bull's hide might be found to be as powerful a physical as it was a spiritual stimulant.

I am, Sir, yours truly,

May 31st, 1886. CHARLES H. RALFE.

To the Editor of THE LANCET.

SIR,—In some editions of Druitt's Surgery Dr. Curran will find an account of how Marshal Lannes was resuscitated by being wrapped in a sheep's skin in one of the passes of the Pyrenees after exposure to cold.

I am, Sir, yours truly,

June 1st, 1886. A SURGEON.

MEDIÆVAL MEDICINE.

F. A. (Leicester).—It was not till the last three centuries before the Renaissance that the distinction between physician and surgeon became commonly recognised. The distinction arose from the special instruction in the two great departments of the healing art that began to be given in the schools, the official title to practise being that of "Master," while the official title to teach was that of "Doctor." Empirics, particularly in minor surgery, were then in great request, and between them and the officially qualified there was continual war. It was then, too, that, according to Dr. Chiappelli, whose work on Mediæval Medicine may be recommended, there arose specialists, such as "oculariî," "vulneariî," &c., whose ranks were often reinforced by women, to whom diplomas were given by such schools as those of Naples, Florence, Bologna, and Venice. In process of time Corporations, with the sanction of the several States, were formed, to guard the rights and interests of the profession, and we find everywhere penalties more or less grave attached to the illicit practice of the healing art. At Naples, for example, a fine of 200 lire (£8) was exacted from the apothecary who received the prescriptions of an irregular practitioner. The connexion between medicine and law was at first slight; only at Venice the medical man was obliged to report cases of wounding and suspicious death; and, later, courts of justice called in physicians and surgeons as experts, and also to tend the sick in prison, to assist at tortures, and even in some cases, notably at Florence, to direct them. The public authority, however, provided medical assistance to the poor, compelling it to be given gratuitously, but gradually coming to remunerate it out of the civic chest. Fees varied with different localities. At Pisa, for example, the statutes assigned for a medical examination in official cases from five to ten soldi (from 2½d. to 5d.). At Milan the College of Physicians fixed the sum of from ten to twenty soldi for each day's visit during the plague. The consultant was more handsomely rewarded than the physician in attendance. Communes paid their medical officers either in stipulated sums or their equivalent in kind, according to the service done; but at Courts there was no limit to what the surgeon or physician might receive. Clerics and Jews in the earlier mediæval time had the monopoly of practice, because to the laity study was made impossible by barbaric turbulence, while the priests had readiest access to the sick and wounded. But their power was often so abused that the Church had to prohibit its exercise. The influence of the Jews, again, originated in their reputation for skill in Arabian science, and in their case also the Church, not with complete success, interposed its veto. The attitude of literature to medicine was in those days hostile, according to Dr. Chiappelli, who explains it by the antagonism then prevailing between physicians and men of letters, the latter maintaining idealistic aspirations nourished on the classical Renaissance, while the former adhered to the positive and material tradition, especially of the Arabian schools. It was reserved for a more enlightened age to bring the two into harmony.

Nurse.—A letter addressed to the Secretary of the Society, 53, Berners-street, will meet with attention.

THE DEGREE OF LOUVAIN.

To the Editor of THE LANCET.

SIR,—Under the above heading, in your issue of May 22nd, occurs the following: "A medical man with British diplomas thinks it is a great mistake.....to propose that foreign diplomas shall be registered, especially considering how easily these foreign diplomas are obtained." I will not attempt to deny that there are on the Continent (as is also the case in the United Kingdom) some schools whose diplomas are held in less esteem than the degrees of other establishments; but to hold forth that foreign diplomas, as a rule, are now easily obtained is running very wide of the mark. I will only say this, that if the "medical man with British diplomas" will come over here in July or February to investigate the curriculum, and take notes of what he hears at the six theoretical and several practical examinations in science, medicine, and surgery (all of them public) required for the "M.D." degree, his opinion as expressed in THE LANCET will be very considerably modified—at least, as regards the old University of Louvain, whose "M.D." I am hoping to complete next year. I might ask, *par contre*, whether the free advertising in English medical papers for unqualified men to "visit, dispense, and attend midwifery" is calculated to add, in the eyes of foreigners, to the value of, or even the necessity for, a qualification in England.

I am, Sir, yours faithfully,

Louvain, May 26th, 1886. A FOREIGN STUDENT AND SUBSCRIBER.

"SUMMER RAMBLES IN MY CARAVAN."

A PLEASANT paper is that supplied by Gordon Stables, M.D., R.N., to the *Leisure Hour* from month to month; full of vivid description of place and people, with bits of quaint humour here and there, and telling anecdote. The article is calculated to enhance one's love of British hills and dales and breezy moors. Dr. Stables should have many imitators in his method of spending a holiday.

G. G.—We cannot assist our correspondent in the matter.

THE FORM OF THE DENTAL ARCH.

AFTER carefully examining and measuring the mouths of more than two hundred persons, Dr. Dementyeff has come to the conclusion that the normal form of the dental arch is elliptical in the upper jaw, but paraboloid in the lower, the internal corresponding with the external arches. These normal forms were, however, only found in 50 per cent. of the cases. A link between the normal and abnormal forms is supplied by the straight jaw, which occurred in 18 per cent. of the cases examined. Carious teeth were observed in 50 per cent. of the jaws examined, the proportion of disease being distinctly higher in those of abnormal form.

An Assistant (Essex).—When an assistant gives evidence he does so in his capacity as assistant. He is entitled to his expenses, and, if he does his work well, perhaps to share the fees; but he cannot claim them as a matter of right.

M.D. Erlang.—1. The degree mentioned is registrable, and stands on the same footing as the corresponding degree in other universities.—2. Yes, but the selection of the particular corporation must be left to our correspondent.

HYDROPHOBIA.

To the Editor of THE LANCET.

SIR,—The brilliant discovery of M. Pasteur has one important drawback: it is a delicate and difficult process, only to be carried out by an expert, and in an institute specially arranged for the purpose. May not the process be simplified, and the same result be obtained by a less complicated method? Rabies and hydrophobia are unknown in this part of the world; and though a recent traveller has described both diseases as being common in Dammaraland, no case of either disease has ever been known to occur either in the Cape Colony or in the adjoining States. Experiments are therefore impossible here. It is well known that certain virulent diseases differ very greatly in their degree of intensity, according to the channel by which they are introduced into the system. Small-pox by inoculation is much milder than the disease taken in the ordinary way, whilst affording equal protection. So, again, with the pleuro-pneumonia of cattle, inoculation has been largely and successfully employed to induce a milder form of the affection; but in this part of the world the latter process has been entirely superseded by the practice of administering the pleuritic fluid itself by the mouth. On the appearance of the disease in a flock, the sick animal is at once slaughtered, and the carefully strained pleuritic effusion administered to all the healthy members of the herd. In this way a form of disease is induced which is even milder than that by inoculation, and at least equally protective. Now, it does not seem unreasonable to suppose that something of the same sort might be done in cases of persons bitten by rabid dogs—that the morbid saliva might be given by the mouth to such persons as soon as possible after the injury, and repeated for several days, the form of administration being pills, to prevent the possibility of absorption by slight wounds of the mucous membrane. In this way we might expect a slight but protective form of the disease to take place. Nor is this altogether novel. Amongst innumerable suggestions for the cure or prevention of hydrophobia at various times, a hair taken from the muzzle of the diseased dog has been recommended to be swallowed by the patient. Such a hair would be saturated with saliva. Whether this treatment has ever been successfully carried out I cannot say. At any rate, the idea has survived in the well-known phrase, "A hair of the dog that bit you."

I am, Sir, yours obediently,

Cape Colony, May, 1886. M.

CONSULTING AND GENERAL PRACTITIONERS.

W. H. K.—The duty of a consultant undoubtedly is to refer his patient to his ordinary medical adviser, with undiminished respect for his services. If it is not the rule of the profession, so much the worse for that high order of practitioners by whose ethics and *morale* in past times the whole tone of the profession has been sustained. We can only advise practitioners to note those consultants who do not act up to this rule, and to have no company with them.

Mr. W. F. MacDonogh.—Such a distribution of cards would be professional advertising, and decidedly objectionable. Our correspondent will see at once that it would be a suggestion to the patients of other medical men.

SPINA BIFIDA.

To the Editor of THE LANCET.

SIR,—I agree with Dr. Morton that the remark in the *Dublin Medical Journal* of March last concerning the hopelessness of cases of spina bifida should not pass unnoticed. Besides several cases cured by excision of the sac reported previously and several unpublished, only to-day I dismissed cured a child three months old operated on three weeks ago. Recently Mr. Pridgin Teale excised a sac in the cervical region, effecting a perfect cure; and a short time previously my colleague, Mr. Ward, successfully excised one in the lumbar region. Although Dr. Morton's method by injection differs very materially from mine, which is a plastic operation, undoubted cures have been effected by both plans, and it is not affirming too much to say that in by far the greater number of cases of spina bifida the prognosis is good if an operation be properly performed.

I am, Sir, yours truly,

Leeds, May 11th, 1886. A. W. MAYO ROBSON.

PRACTICE IN CANADA.

A Toronto University Man has favoured us with the following information on a matter on which questions are frequently put to us:—"Before being legally qualified to practise in the Dominion it is requisite that the diploma of the College of Physicians and Surgeons (Quebec or Ontario) be obtained. If a British diploma covers examination in medicine, surgery, and obstetrics, on presentation of the same with good credentials, and on payment of the fee, $5, the licence will be granted without examination; if one subject has been omitted, a candidate must undergo examination in that subject. If he decides on practising in the province of Quebec, on arrival at Montreal he should call on Dr. Campbell of Beaver-hill, who is the secretary, and will give him every information. Appointments other than hospital are, I believe, in the gift of the Dominion or Corporations, and for a stranger to expect to get one on arrival will only lead to disappointment. Appointments there, as in this country, require private influence. A general practitioner's position in Canada is invariably much better than in England. He takes a social standing there, and is respected and looked up to by his patients, provided he respects himself. Bad debts are the exception. If patients are poor, the practitioner must make his accounts to meet their circumstances. This consideration will be appreciated. If a practitioner has in England descended to sixpenny or shilling dispensary work, he must not think of continuing it in Canada. A few of the lower class would perhaps accept his services, but the respectable working classes would despise him, and medical men would treat him as beneath their contempt."

Mr. Thomas Williams.—We are quite satisfied with our first answer A medical man would do a very questionable service to his patients by directing their attention, or that of their friends, to all the possible diseases which they might develop.

Marischal is referred to our Students' Number, published in September last.

IODOFORM SPRAY.

To the Editor of THE LANCET.

SIR,—In the different articles on the use of iodoform I do not remember any allusion having been made to its use in the form of spray, although for a long time I have supposed in many conditions of throat affection, and perhaps even pertussis, it might be so used advantageously; lately, however, I have employed it in many cases, and have been struck with the rapidity with which it often gives marked relief. The ether in which it is dissolved appears to immediately constringe the congested capillary vessels, while the iodoform being deposited in a thick film is more efficiently applied and retained longer, and by its sedative influence continues to relieve the tension and engorgement, as an instance of which I give the following case.

On Tuesday last a man, a carpenter by trade, consulted me. He said he had been shivering all day at the bench (he looked very ill), and had some aching pains over the body, especially the back, and the throat was very sore; on examining which I found the whole fauces, uvula, &c., bright-red and slightly swollen; pulse 110, temperature 102·5°. I advised him to declare upon his club at once, as I thought he would require at least a week's rest. I well sprayed his throat, and he expressed himself immediately as feeling relieved. I gave him also some mindererus and a Dover's powder to be taken at night. Next day he called upon me, saying he felt quite well, and that his sore-throat was quite relieved. I have used iodoform mixed with sugar, benzoate of soda, and other ingredients, applying it by means of a camel-hair brush; but as it is often difficult to get it to adhere, I consider the spray much more efficacious. I use a spray bottle, which I can use with one hand and depress the tongue with the other.

I am, Sir, yours faithfully,

May 29th, 1886. GEO. MUNDIE, M.D.

AFGHAN ZOOLOGICAL COLLECTION.

BY permission of Professor Flower, the zoological collection made by Brigade-Surgeon Aitchison, C.I.E., lately attached to the Afghan Delimitation Commission, is to be for a short time placed on view in the South Kensington Department. The collection will, we understand, ultimately be sent to India, and distributed amongst various museums in that dependency.

Mr. W. Gibson Bott.—There appears to have been misinterpretation on both sides, and no real cause for unpleasant feeling.

Professor Ray Lankester.—Too late for this week.

A. R. C.—From 10*s.* 6*d.* upwards, according to sum assured.

A CORRECTION.

To the Editor of THE LANCET.

SIR,—May I ask you to correct two misreadings in the explanations attached to the temperature chart of my article on Rheumatic Hyperpyrexia, which appeared in your issue of last week. Line A and Line F, for "given twice" read *given every two hours;* Line B and Line C, for "given four times" read *given every four hours.*

I am, Sir, yours truly,

Birmingham, May 31st, 1886. ARTHUR FOXWELL.

CHOLERA: ITS INVESTIGATION AND TREATMENT.

A CORRESPONDENT writing from Tangiers says:—"I believe myself to be on the eve of discovering a specific for cholera; but to enable me to carry my investigations to a close it is necessary for me to see some more cases of the disease. As, however, my means will not permit me to leave my practice here for any considerable length of time, I write to ask you if there is any fund available that would furnish me with the necessary money to carry on my investigations in Spain should cholera reappear there this summer. As I am a married man with a family I cannot sacrifice my practice to carry on investigations respecting cholera and its treatment unless I am compensated for so doing by my expenses being paid."

Asarus might apply to one or other of the firms whose announcements appear in our advertising columns.

Mr. Mason should consult his usual medical attendant. We do not give advice.

RINGWORM IN NEW-BORN INFANTS.

To the Editor of THE LANCET.

SIR,—Your correspondent, "M.B. Oxon.," alludes to the question of the intra-uterine existence of ringworm. Our knowledge of the conditions of intra-uterine life negatives the likelihood of such an occurrence, and clinical observation confirms this view. The earliest age at which I have seen ringworm in an infant is nine days. In this case there was a well-defined ring, involving part of one upper eyelid, eyebrow, and adjacent skin of the forehead, and the diagnosis was confirmed by the microscope. Other children of the same family had ringworm at the time, and I can see no reason to suppose that this infant was not infected in the ordinary way. In after-life the possibility of the existence of ringworm is not so defined. In children and young people it may be met with in almost any position. It may occur at any age on the less hairy portions of the skin and in men's beards. On the scalp it is rare in adults in its ordinary forms. I have seen well-marked ringworm in three cases in this position. The first case was that of a woman sixty years of age, a large portion of whose scalp was the seat of a vigorous development of the disease; the second that of a lady of thirty-five years, who had acquired it in India three years before I saw her, when I found evidence of the complaint over the occiput; and the third that of a lady of twenty-six, who had had charge of a child similarly affected.

I am, Sir, yours truly,

Savile-row, W., June 1st, 1886. WYNDHAM COTTLE.

WILD BEASTS AND SNAKES IN INDIA.

DURING the past year wild beasts and snakes have been unusually destructive to human life in the central provinces of India, there having been an increase of 269 in the number of persons killed, as compared with the preceding year. Of wild beasts, tigers, of course, were the most destructive, their victims numbering 110, as against 96 in 1884, while the number of tigers killed was only 221, against 260. The deaths from snake-bite last year amounted to 1066, against 797 in 1884, while only 1997 snakes were killed, as compared with 2373. In an official note on the subject it is observed that there has been a "satisfactory increase" in the number of wild animals killed; but this increase is due to the larger number of bears, wolves, and hyenas destroyed.

Africanus.—The position is not a dignified one, and should be declined.

M.D.—It is a matter of individual taste.

JOHNSON'S LECTURES ON BOTANY.

To the Editor of THE LANCET.

SIR,—I shall be obliged if any past or present Guy's man can tell me whether the "Key to the Botanical Orders," in green paper cover, by Mr. Johnson, late lecturer on botany at the hospital, is still in print; and, if so, where it may be obtained. I am, Sir, yours faithfully,

June 1st, 1886. Æ.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Gollee, London; Dr. Coats, Glasgow; Dr. Broadbent, London; Dr. Brailey, London; Dr. Brodie, Detroit; Dr. E. W. Symes, Halifax; Prof. Ray Lankester, London; Mr. W. G. Bott, London; Mr. T. C. Jones; Mr. Blackett, London; Mr. Essex, Pontypool; Messrs. Gilson and Co., London; Dr. Pearse, Haslemere; Dr. Collins, London; Dr. James Gairdner, Crieff; Mr. W. Grant, London; Mr. Lascelles-Scott, Forest Gate; Dr. Ralfe, London; Mr. F. W. Lowndes, Liverpool; Mr. Harry Fenwick, London; Dr. Swann, Batley; Mr. Pratt, London; Mr. Fuge, Taunton; Mr. Hambly, Bristol; Mr. Shanks, London; Messrs. Edge Bros., London; Madame Leon, Brighton; Mr. Ellis, Newcastle-on-Tyne; Mr. Immisch, London; Mrs. Chapman, Clapham; Dr. Sydney Ringer, London; Dr. Savage, Birmingham; Messrs. Maythorn and Son, Biggleswade; Mr. Newsholme, Sheffield; Messrs. Street and Co., London; Mr. Mays, Sheffield; Dr. Eberle, Thirsk; Messrs. Pion and Co., Paris; Mr. Hall, Kilburn; Mr. Bentley, London; Mr. Keay, Eastbourne; Mr. Hawking, London; Mr. Alcan, Paris; Dr. Nisbett, Helmsley; Mr. Adams, Maidstone; Dr. Dukes, Rugby; Mr. Johnson, Leicester; Mr. Bagshaw, Salford; Dr. Fenwick, London; Mr. Aitkin, Inverness; Mr. Howard, Littleport; Mr. Gurner, London; Mr. Morton, Brighton; Mr. O'Neal, Stafford; Mr. Maclean, Harpenden; Mr. Geale, West Brighton; Lady John Manners, London; Messrs. Beal and Sons, Brighton; Capt. Petrie, London; Mr. Colwell; Dr. Wyndham Cottle, London; Mr. Callaghan; Dr. Vachell, Cardiff; Messrs. Hall and English, Birmingham; Mr. Gordon, Liverpool; Mr. Plowright, King's Lynn; Mr. E. W. Paul, Tangiers; Mr. T. S. Price, London; Mr. J. L. Hewer, London; Dr. Doble, Chester; Mr. Craske, London; Mr. Ford, Devonport; Mr. Mercier, London; Mr. Dawe, Taunton; Mr. Collins, Saxmundham; Mr. Birchall, Liverpool; Mr. Hearder, Newton Abbot; Mr. J. H. G. Drummond, Manchester; A. Surgeon; M.D. Lond.; Acarus; M. H.; L.R.C.P.L., M.R.C.S. Eng.; A Foreign Student and Subscriber; M.R.C.S., L.S.A.; Oppression; Aristarchus; A Medical Superintendent; D. R. D., London; Ajax, London; G. L.; A Country Practitioner; M.D., Erlang.; G. G.; A. S.; Physician, Plymouth; B.A.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Lloyd, Rhyl; Mr. Turner, Hinckley; Mr. Gentles, Derby; Mr. Bunting, Notts; Mr. Aveling, Paddington; Mr. Elliott, Andover; Mrs. Hitch, St. Leonards; Mr. J. N. Lloyd, London; Mr. Hills, Bristol; Mr. J. Carter, London; Mr. Owen; Mr. Colewell, Portsmouth; Mr. Norman, Great Torrington; Mr. Jordan, Birmingham; Messrs. Woolley and Sons, Manchester; Mr. Tunmer, Harrogate; Mr. Ward, Pietermaritzburg; Dr. Murphy, Sunderland; Mr. Strong, Glasgow; Mr. Leason, Stoke-on-Trent; Mr. Thorne, Sheffield; Mr. Stockwell; Mr. Machin, Winchfield; Mr. Doble, Coldstream; Mr. Tratman, Clifton; Mr. Smith, Rotherham; Mr. Popham, Birmingham; Mr. Strover, Sandy; Mr. H. Freeman, London; Mr. Walker, Lowestoft; Mr. Hamilton; Mr. Wills, Axminster; Mr. Kinder, Leicester; Dr. O'Neal, Belfast; Mr. Davies, Penygraig; Mr. Stepstone, Woking; Mr. Green, Ripon; Mr. Gabriel, Barnes; Dr. Charteris, Glasgow; Messrs. Bason and Son, Dublin; Mr. Atkinson, Kensington; Mr. Prest, Birmingham; C. A., Bristol; H. P.; Medicus, Burgess Hill; Boaz; Practice; F.R.C.S.; Lady Superintendent, Derby; Splenic, Manchester; Spes; M.R.C.S., Ashburton; Yorkshire; H. N.; Alpha, Notting-hill; W. A., Edinburgh; R. P.; A. B., Newbury; Medicus, Stafford; E. P. N.; Medicus, Westminster; R. N. H., Walthamstow; M.D., Chester; Telegram; I. J., Barnsley; Medicus, Torquay; Veritas, Windsor; J. P., London; Z. A.

Liverpool Mercury, Tewkesbury Register, Keble's Margate Gazette, Liverpool Courier, Western Morning News, Halifax Guardian, Birkenhead News, Retford News, Imperial Review (Melbourne), &c., have been received.

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